Task
Force on

Spousal Assault

Prepared for
Hon. Dennis Patterson
Minister Responsible for
Status of Women

Final Report
May 1985

May 15th, 1985.

REPORT BY
THE TASK FORCE ON SPOUSAL ASSAULT

PREPARED FOR:

The Honourable Dennis Patterson,
Minister Responsible for the Status of Women,
Government of the Northwest Territories,
Box 1320,
Yellowknife, N.W.T.
CANADA

TABLE OF CONTENTS

Statement of Chairman 2

Introduction 4

Chapter 1 SPOUSAL ASSAULT IN THE NORTHWEST TERRITORIES 7

1.1 DEFINITION 7
1.2 A DESCRIPTION 8

1.2.2 MAGNITUDE OF THE PROBLEM 10

1.3 PAST AND PRESENT INITIATIVES 11

Chapter 2 ROLE OF THE TASK FORCE 13

2.1 THE TASK FORCE AND ITS MANDATE 13
2.2 THE TASK 14
2.3 TERMS OF REFERENCE 14

Chapter 3 LOOKING FOR SOLUTIONS IN THE NORTHWEST TERRITORIES 17

3.1 AID TO VICTIMS 17

3.1.1 INFORMATION 17
3.1.2 VICTIM ADVOCACY 18
3.1.3 MEDICAL ATTENTION 18
3.1.4 ACCESS TO OTHER ASSISTANCE DURING THE COURSE OF MEDICAL TREATMENT 19
3.1.5 PROTECTION 19
3.1.6 VICTIM INDEPENDENCE 20
3.1.7 SHELTER FOR VICTIMS 20
3.1.8 THE RIGHT TO REMAIN IN THE COMMUNITY 21
3.1.9 THE RIGHT TO COMMUNITY SUPPORT 21
3.1.10 COUNSELLING FOR VICTIMS 22
3.1.11 MAKING COUNSELLING EFFECTIVE 22
3.1.12 HOME CARE FOR VICTIMS 24
3.1.13 CHILDCARE 25
3.1.14 CRISIS LINES 26
3.1.15 VICTIM REPRESENTATION IN COURT 26
3.1.16 VICTIM'S LEGAL RIGHTS IN THE CIVIL COURTS 27
3.1.17 SHELTER AND PROTECTION 28
3.1.18 TRANSITION 31

3.2 TREATMENT AND ASSISTANCE FOR BATTERERS 33

3.2.1 COUNSELLING 33

3.2.1.1 TREATMENT THROUGH THE COURTS 34
3.2.1.2 LEGAL AID 35
3.2.1.3 THE JAILS 35

3.3 ASSISTANCE TO SOCIAL WORKERS 36

3.3.1 GUIDELINES AND PROTOCOLS FOR SOCIAL WORKERS 39
3.3.2 TOWARDS AN INTERAGENCY APPROACH 40

3.4 ASSISTANCE TO EDUCATORS 41
3.5 CHURCHES 42
3.6 ASSISTANCE THROUGH THE LAW AND THE COURTS 43

3.6.1 INVESTIGATION AND PREPARATION OF CASES 44
3.6.2 BAIL AND JUDICIAL INTERIM RELEASE 44
3.6.3 DIVERSION INSTEAD OF COURT PROCEEDINGS 45
3.6.4 PEACE OFFICER AND PROSECUTORIAL DISCRETION 45
3.6.5 SPECIAL PROSECUTORS, SPECIAL INVESTIGATORS AND SPECIAL TRAINING 46
3.6.6 WOMEN IN LAW ENFORCEMENT AND ON THE BENCH 47
3.6.7 VICTIM REPRESENTATION 47
3.6.8 SENTENCING 48

3.7 MEDICAL CARE PROFESSIONALS 50

3.7.1 RESPONSIBILITIES 50
3.7.2 MENTAL EXAMINATION OF BATTERERS 51

3.8 ALCOHOL AND DRUG ABUSE 53
3.9 MEDIA APPROACH 55

Chapter 4 GENERAL RECOMMENDATIONS 58

Chapter 5 WHAT WAS SAID 60

5.1 COMMENTS 60

Chapter 6 CONCLUSION 70

SUBMISSIONS AND SELECTED REFERENCES 71

APPENDICES 73

THIS REPORT IS DEDICATED TO THE MEMORY OF
DOROTHY, ROBERTA AND AGNES
FOR WHOM ITS RECOMMENDATIONS CAME TOO LATE AND
TO THE MANY OTHERS FOR WHOM WE HOPE THAT IT IS NOT.

STATEMENT OF CHAIRMAN

Spousal assault in the Northwest Territories is a social problem of grave proportions. Some assaults result in permanent injury or death to victims. Others lead to suicide. Still others result in less serious injuries but cause trauma and irreparable harm to victims, their families and communities.

Wives, husbands and lovers have their eyes blackened, their teeth knocked out, their ribs and legs broken, their bodies bruised and blackened and their lives disfigured by violence as a result of assaults which occur daily in the Northwest Territories. For many victims, beatings are regular and frequent. Living in fear, with their health deteriorating, their self-esteem destroyed, their faces permanently disfigured, they live among us, hiding their injuries, their shame and their pain as well as they are able.

Others share their shame and humiliation though they are not necessarily victims themselves. Elders, especially older women see these beatings as assaults not only on their daughters and granddaughters, but also on the extended families and on the ways of life they have tried to pass on. Some see their own brutality and victimization being relived in their children's and grandchildren's lives. Others see children whom they raised in loving and peaceful households being brutalized by their spouses.

Some of the people who have suffered or who have watched the suffering of others in silence for too long came to the Task Force and began to unfold their terrible tales. A few came out in the beginning, but as the word spread from place to place that a serious attempt was being made to assess the problems of spousal assault and to look for solutions, more came forward to assist us. Not only victims and witnesses of violence came forward, but in small numbers so did batterers.

People have found the courage to discuss spousal assault. The Task Force must ensure, through its report and recommendations, that this discussion and the search for solutions continues.

The Task Force on Spousal Assault was set up to examine the nature and

extent of spousal assault in the Northwest Territories. The Minister Responsible for the Status of Women and the Executive Committee of which he is a member wanted to know the nature and effectiveness of government agency responses and to receive recommendations on how existing budgets and personnel might be more effectively used. They also wanted to learn what new measures might be undertaken to deal with the problems battered spouses and their families cannot cope with alone and for which little or no public assistance is available at present.

The Task Force on Spousal Assault was asked to help raise the public awareness of spousal assault across the Territories. We have contributed to this. At the same time, we wish to draw the attention of the Minister to the fact that citizens' committees on family violence and alcoholism have been forming in various communities across the Northwest Territories and are themselves raising the public awareness of the problem in ways we cannot.

Iris McCracken and I travelled extensively in the Nunavut and Western regions of the Northwest Territories. We were accompanied by and assisted with some of the community visits by other Task Force members.

Of necessity the Task Force's review of the spousal assault problem in the Northwest Territories was a general one. We uncovered much but we believe far more escaped our notice and was not brought to our attention. Nevertheless, we are confident we have surveyed and sampled the spousal assault situation in a number of representative communities. We were fortunate to have on our Task Force women from a variety of communities who represented a cross section of northern cultural backgrounds. They provided an introduction into communities we might not have had otherwise.

We on the Task Force are grateful for and humbled by the dedication and courage of those who came forward to give us their recommendations and to relate to us their experiences. Many of these people had to overcome their fears, their embarrassment and their shame to tell us their stories, to express their hopes and fears for the future. Many of our recommendations are directly from them and all are dedicated to them in the hopes that we, as members of northern society and as residents of the Northwest Territories can deal more positively and more successfully with the problems, tragedies and consequences of spousal assault.

John U. Bayly
Chairman,
Task Force on Spousal Assault
May 15th, 1985.

INTRODUCTION

People in the Northwest Territories are aware that violent crime is a growing problem in many of their communities. Increased alcohol and drug abuse have been accompanied by violence even in remote northern villages. But many northern people face an even more alarming reality. The crimes they fear occur in their own homes. Many northern people are the victims of spousal assault. Those who assault and batter them are the husbands, wives and lovers. The violence inflicted upon these victims is witnessed by their children. The lessons this violence teaches ensures that the legacies of violence are passed on and will be endured and suffered in our childrens' and grandchildrens' generations.

Spousal assault strikes at the heart of family and community life. It reaches every part of our society. Many of those who assault and batter were raised in families where spousal assault has taken place. Many of them were themselves abused as children. Many victims of spousal assault saw their mothers beaten by their fathers. Some have grown up to believe that being abused is part of a woman's fate.

Where spousal assault occurs in the Northwest Territories, the woman is more often the victim. There are however, men who suffer from physical and mental assaults inflicted upon them by wives and lovers. In addition to the pain and anguish, these carry an additional burden of embarrassment , for the battered spouse is often the object of ridicule.

Spousal assault can be compared to few other crimes. Its causes are not readily apparent. They are often deeply rooted in the history of the family and its members. The solutions are equally complex. Victims seldom seek the protection and the sanctions which the police and the courts are expected to provide. When they do, complainants are caught up in the complex emotions of fear, love, guilt, loyalty and shame.

The justice system is arranged to serve those who have been wronged by people outside their own households. It responds less effectively to the needs of those who have been harmed by their wives, husbands and lovers.

Although many Northwest Territories communities are small and intimate, most victims feel isolated. They are often reluctant to turn to friends or family members. Those close to them are often aware of what is going on but hesitate to interfere in personal and private family matters.

Where mediation and counselling may in the past have been undertaken by

mature and respected community members including elders and chiefs, northern society is changing. Those responsibilities are now assumed to be the prerogative of the social service agencies. Those agencies, particularly in the smaller communities, do not have trained counsellors on staff. Even where a social worker has counselling abilities, there are often so many other social welfare duties that effective counselling is impossible.

Reporting spousal assault to the authorities carries its own attendant risks. Sometimes when police attend and to avoid further disturbance, the victim not the batterer is removed from the family residence.

Helping agencies have their defined areas of responsibility. For example, doctors and nurses treat the cuts and bruises and broken bones. Without clearly outlined protocols they seldom independently report assaults to the police. Referrals to social workers are rare.

To victims, the judicial system seems as concerned about the batterer as they are about the victim. Indeed, the batterer is better protected and defended in the courtroom.

Whatever action the courts can take, community attitudes remain important. In many Northwest Territories settlements there remains an attitude that spousal assault is not a community problem and that the spousal assault that occurs behind closed doors can be ignored, condoned and, in uncommon instances, even encouraged. On the other hand, some community institutions such as alcohol committees, settlement, hamlet, band and regional councils and native organizations made public statements condemning spousal assault as unacceptable.

For too long the victims of spousal assault and their families have suffered in silence and isolation. This must not be allowed to continue. We must encourage victims to seek help and when they do, we must be prepared to provide it. Similarly, we must develop methods to deal with the problems of batterers. We must be prepared to do more than impose criminal santions through the courts. We must reach out to them with counselling, therapy and family life education.

Not only did we meet with the RCMP, nurses, social workers, prosecutors and judges, but they provided generously of their experiences in responses to a questionnaire we provided. Institutional response by police, social workers, health workers and others is important. However, institutional response must be coordinated with community response to the problems. Few indigenous northern people leave their home communities for lengthy periods. Many marry or form relationships with men and women from their own community or their own region. Spousal assault is not only learned by children from their parents but it affects their abilities to learn in the schools. Principals and teachers across the north told us that they could recognize many of the children whose lives were disturbed by violence in their own homes. Their difficulties in learning absorb the time and

energies of teachers in the school and affect other students in the class.

The Task Force realized that public attention must continually be returned to spousal assault so that community and government resources can together begin to deal with it. We must use the media to which we have been provided such generous access to keep the problem before us, to discourage and censure spousal assault, to encourage family values and practices which will strengthen northern peoples and their communities.

This study can never be completed as long as there is conflict and, even where we were able to visit communities for several days, we cannot claim that in any of them our inquiries were exhaustive. Our work was not intended to complete the task or uncover every spousal assault problem and situation. We are fully aware that continued study and immediate action are urgently needed. Our report is a survey, not an analysis of the problems. The Task Force urges northern society and governments to take up the challenges posed in our recommendations, work and experiment with them. The public debate about spousal assault must continue. We must keep open minds regarding solutions and we must respond to community initiatives and good ideas wherever possible.

Chapter 1

SPOUSAL ASSAULT IN THE NORTHWEST TERRITORIES

1 DEFINITION

The Task Force has selected a definition of spousal assault which combines the perceptions of a cross-section of northern people. It is a definition we believe to be precise and broad enough to cover physical and mental abuse.

> "spousal assault is violence, both physical and psychological, expressed by a husband, wife or lover towards his or her mate. It is directly or indirectly condoned by the traditions, laws and attitudes prevalent in the society in which it occurs."

There is growing awareness that there exists a spousal assault syndrome. Victims, batterers, observers and professionals gave us their opinions that spousal assault is learned behaviour, that it is passed from one generation to another by example and that children who witness spousal assault between their parents are more likely to become batterers and victims than they would if they were raised in homes free from violence.

Most men and women who batter will say sincerely that they love their wives, husbands and lovers. Batterers often tend to be traditional in their attitudes about male and female roles. Violence is often used as a controlling and disciplinary means to secure the victim in the relationship. Batterers often cut their victims off from family members and friends of both sexes. They erode and break down any self confidence victims may have and are repeatedly critical in their assessment of the victims' ability to perform even the simplest of domestic tasks.

In many cases violence occurs when the batterer is under the influence of alcohol. Whether or not it is a cause of violence is a subject of debate and controversy.

Spousal assault is deliberate and usually secretive. Even where the batterer may be under the influence of alcohol, sometimes care is taken to inflict pain and injury in such a way and in such places that it can be hidden by sunglasses or covered with clothing. Spousal assault often takes

place in the family home away from the prying eyes of neighbours or strangers.

Victims have, or develop, low self-esteem. They are often ashamed of being beaten and are unwilling to disclose the fact to intimate friends and family members and will often go to great lengths to disguise or cover up the evidence of beatings or to lie about the causes. As one writer, a battered wife herself, wrote recently:

> "There are different ways to be battered, different styles that can be used to make another person feel shamed, humiliated, and worthless. Battering can be physical, emotional, psychological or spiritual. Or any combination of those. The silent treatment, being ignored, as if you weren't there, not a person at all, can be pretty devastating. The putdowns -- nothing you do is right. Nothing you do is good enough and neither are you. So you wear yourself out, trying harder. But nothing works. And you are reminded over and over. You try to hang in there, try to understand. Be patient. He is a good man. He is confused, having a hard time. He'll get over it. Some do. And some don't."
>
> Laraque, M.H., Surviving the pains of battering, NATIVE PRESS, February 8th, 1985, pg. 5

Spousal assault is not just a problem for victims and their children. Spousal assault is also a problem for batterers who have problems which may, if faced and treated, be dealt with. Solutions which seek no more than greater punishment for batterers avoid the issue that batterers, in spite of punishment, often continue to batter the same victim or new victims. Spousal assault is not just a problem for victims, batterers and their families. The next generation of batterers and victims is well on the way to being taught and conditioned to inflict and bear the miseries of spousal assault.

1.2 A DESCRIPTION

Spousal assault in the Northwest Territories is not a new problem. Since the earliest days of contact between European and natives peoples and indeed in pre contact times, instances of wife and even husband abuse have come down to us in the written and oral histories of the aboriginal peoples of the north.

Native people across the north told us that although it was far less frequent than in modern times, spousal assault did take place in their

cultures in the past. Some instances, apparently motivated by perceived need to chastise a lazy mate, were condoned to the extent that they did not give rise to action by the group or community. Others, perhaps because the beatings were more severe or administered more openly for less acceptable reasons, caused both criticism and group action.

Spousal assault was not encouraged and under some circumstances, the offender was severely disciplined and sometimes threatened with banishment.

One Dene woman told the Task Force that spousal assault is not an accepted part of cultural behaviour amongst her Chipewyan people, nor amongst the Slavey people with whom she works. The Task Force was told by several native people that in native society, people are much less openly critical of one another and much less likely to intervene.

If spousal assault has a lengthy history in northern native cultures, it is also deeply rooted in the diverse origins of non-native Canadian society. Whalers, explorers, fur traders and others came to the north without their women. Many took wives from amongst the native women, either for brief periods of time or, in some cases, remained, married and adopted their culture. In more recent times, non-natives have brought their wives and families into northern Canada where they have in large numbers established their homes and households.

Spousal assault is by no means a native phenomenon in the north. While non-native Canadians in the Northwest Territories may not share common ancestry, in most of their histories the assumptions were that men had dominion over their wives, that women were expected the obey their husbands and that the wife's place was in the home. Spousal assault is part of the background of non-native societies as well.

In spite of the scarcity of open criticism of spousal assault, in virtually every community there is evidence of support for victims and their children in the provision of food, shelter and comfort. Such support is given by friends and relatives and concerned members of the community.

Many expressed concern that in more recent times they had sometimes risked danger and unpleasant confrontations when they had to deal with angry, intoxicated or violent batterers. Some people for these reasons have become more reluctant to open freely their doors to victims and their children.

Victims are aware of the inconvenience and danger to those in whose homes they must seek refuge. Often they run to houses already cramped and to family members too poor to help without themselves suffering. This, coupled with shame and embarrassment, keeps many victims in their own homes, suffering alone and in isolation.

The concern to keep families and communities together appears to keep

many victims from making complaints, from seeking help, from leaving. Parents and grandparents encourage victims to stay with or return to their spouses for the sake of the children and extended family. Christian values are often strong, and where couples have been married, the victim is often reminded of solemn promises made before God and man.

Although native and non-native peoples in the Northwest Territories may share similar beliefs and expectations of the roles of men and women in interspousal relationships, the situation of non-native victims is often quite different from that of native victims. On the one hand, it may be easier for a non-native victim with roots in other places and without the pressures of community and family to leave a battering situation and seek refuge in a neighbour's home, a shelter in a northern community or by returning home to friends and family.

On the other hand, many non-native victims do not have a network of support upon which they can rely in the community. In addition to being cut off from others as the victims often are, they are often burdened with young children, lack of funds and ignorant of where to go for assistance.

Initiatives to assist victims and their families and batterers must take into account that, although there are overlapping similarities amongst the native and non-native peoples of the Northwest Territories, there are also differences which must be accommodated.

There is a common thread running through the problems associated with spousal assault, whether it occurs in Yellowknife or Gjoa Haven or Clyde River. However, solutions which may work in larger communities may not be so easily transferrable to small native communities. At the same time, there may be small in those communities because of the closely knit family and cultural ties which will give rise to solutions which might be unworkable in larger more fragmented communities.

1.2.1 MAGNITUDE OF THE PROBLEM

Members of the Task Force have visited more than 30 communities in the Northwest Territories. In none of them could anyone with confidence tell us how many victims there were or the frequency of spousal assault. The RCMP have recently begun to keep statistics which can tell us how many incidents resulted in charges taken before the courts. More than a year ago, the crown attorneys began to keep records of spousal assault cases in which charges did not proceed in the courts.

Professionals and others in the communities provided estimates of incidents from their experiences and observations. Most professionals said very few incidents were reported to them. However, others in the communities, speaking confidentially to the Task Force admitted that there was a lot of unreported spousal assault.

If numbers are important to those who must decide where and how to spend scarce financial resources and where to place trained professionals, more comprehensive information must be kept and turned over to statisticians for analysis. Even then, because of the reluctance of many victims to disclose the full extent of their problems or the real reasons for their distress and injuries, the statistics cannot be relied upon to give an accurate account of the extent of spousal assault.

The indicators of spousal assault suggest to us that it is a problem of serious proportions although the incidence varies from community to community. There are people who told the Task Force that spousal assault is increasing. We believe it is increasing, but there are so few statistics. People's willingness to talk about spousal assault is increasing. That by itself might leave the impression that there is more spousal assault than there was approximately a decade ago.

The Task Force believes that the incidence of family violence is frequent enough to be very serious. There are changes happening in northern society which seem to have an effect on spousal assault. Changes in traditional family structures, the emergence of the woman as family provider, increases in unemployment, particularly among men, and the introduction of new values which are in apparent conflict with old values are all put forward as things which influence spousal assault patterns and frequencies. The influence of television, video films and pornographic publications which show violence is difficult to assess, but the Task Force believes it is significant, particularly in shaping attitudes of young people.

1.3 PAST AND PRESENT INITIATIVES

The problems of spousal assault had been of serious concern for some time before the Task Force was set up. In the Northwest Territories, the Territorial Government had already commissioned a Victims Needs Assessment Study, which was completed by Susan L. Green in February 1983 (ref. Green, Susan L., An analysis of victims' needs in the Northwest Territories, victims' needs assessment study, February 1983). That study included a chapter on wife battering.

A number of groups including the Native Women's Association, the Society Against Family Abuse, the Inuit Women's Association, the YWCA, the Salvation Army, the Yellowknife Women's Support Group, the Yellowknife Transition Committee, the Baffin Women's Association, the Yellowknife Family Counselling Services, the Native Court Workers, Maliiganik Tukisiiniakvik and the Delta House and others have been attempting the draw public attention to wife battering and to start programs and to find shelter for those in need.

In addition to these initiatives, many native women have developed ad hoc protection services through their churches, sewing and other groups, or informally among themselves. Many families have sheltered victims in their homes on a regular basis. The Sappujjijit Friendship Centre in Rankin Inlet is providing shelter and counselling as is the Katikmavik Centre in Cambridge Bay which has set aside living quarters for victims in addition to providing follow up counselling services to the abuser as well as to the victim.

A crisis centre at Fort Smith had been providing shelter to battered spouses and their families for a number of years. RCMP, nurses and social workers have been providing shelter, comfort, necessities and counselling often under difficult circumstances. The clergy, friends, relatives and neighbours have done the same as long as people can remember, in spite of overcrowding in their own homes and risks of danger to themselves and to their families.

Community meetings on family violence and spousal assault took place before and have continued to take place since we began our inquiries. Several community initiatives had begun when we visited some of the settlements.

Newspaper and magazine articles, radio talk shows and television specials have assisted us wherever we have gone and have extended our presence into places we could not go. Newspapers, publishing in native languages and in English have been most generous and cooperative in assisting the Task Force to achieve one of its main goals - to stimulate community awareness.

The Inuit Broadcasting Corporation and CBC have assisted the Task Force through interviews, panel discussion shows, phone in programs and news reports. Community radio stations played a major role in announcing upcoming public meetings in communities visited by the Task Force.

In several communities on community radio, local people conducted phone in programs with Task Force members as resource people. The willingness of the local people to participate and the responses indicated a desire to discuss the problem and the deep concern of the people in the community.

There is in the Northwest Territories an awakening to the realization that spousal assault is a community problem. There is a willingness by people to confront and discuss this problem in a frank and open way. Some of these people are anguished family members and concerned neighbours. Others are victims and batterers. This willingness to openly discuss spousal assault is most encouraging and necessary.

Chapter 2

ROLE OF THE TASK FORCE

1 THE TASK FORCE AND ITS MANDATE

In early May 1984, the Executive Committee of the Government of the Northwest Territories approved the appointment of a task force on spousal assault in the Northwest Territories. The Task Force was to be made up of five members representing a cross section of northern peoples and experiences. Later two additional members were appointed to assist the Task Force in gathering information from the public in particular geographical areas. The members of the Task Force are:

- John U. Bayly, Chairman, Yellowknife
- Iris McCracken, Member, Frobisher Bay
- Margaret Vandell, Member, Fort Providence
- Lena Kikoak, Member, Tuktoyaktuk
- Geela Giroux, Member, Frobisher Bay
- Bertha Allen, Member, Inuvik
- Mary Jane Goulet, Member, Yellowknife

The Task Force reports to the Ministerial Committee on Spousal Assault and through them, to the Minister responsible for the status of women, Dennis Patterson. The Ministerial Committee on Spousal Assault is made up of senior public servants in Health and Welfare Canada, the Yellowknife Transition House Committee, the federal Ministry of Justice, the Yellowknife Family Counselling Services, the Government of the Northwest Territories Departments of Social Services, of Health, and of Justice and Public Services, the Royal Canadian Mounted Police and the Canadian Advisory Council on the Status of Women. Meetings have also been attended by a judge of the Territorial Court of the Northwest Territories. This Committee has been coordinated by the Executive Director of the Advisory Council on the Status on Women which is responsible to Mr. Patterson. The

Advisory Council also provided services and assistance to the Task Force throughout the period of its investigations and during the course of the writing of this report.

The purpose of the Task Force was to travel throughout the Northwest Territories making contact with and discussing spousal assault with residents and representatives in several communities throughout the Territories as well as consulting with the professional agency representatives who deliver government services and protection throughout the Northwest Territories and to make a final report with recommendations.

2.2 THE TASK

The Task Force was instructed to choose and visit communities in the Northwest Territories and to make contact with and request information and opinions from social workers, health care workers, teachers, legal service centres, lawyers and judges nurses and doctors, officers and members of the RCMP, native court workers, representatives of local, regional and territorial native organizations, local community groups and individuals. The Task Force was to seek out victims and the families and friends of victims to discuss with them their experiences and the availabilty of comfort, refuge, protection and counselling.

The Task Force was also instructed to enlist the help of the media, the telephone and to request taped and written submissions. The Task Force was advised to seek the cooperation of women's groups and to attend and to take advantage of the gathering of professionals and others at regional and territorial meetings.

It was envisioned that the data gathering would be primarily informal when conducted in private and the Task Force was instructed to guarantee the anonymity of those giving information who sought it.

The Task Force was encouraged to use public meetings, open line telephone shows and other such devices as forums for public input.

2.3 TERMS OF REFERENCE

The Task Force was instructed to prepare a report for presentation to the Minister through the Ministerial Committee which would:

1. Examine the experiences of victims of spousal assault with the health

and social service agencies, the RCMP, the criminal justice system and their communities;

2. Examine the needs of providers of community level services and law enforcers in providing services to battered spouses and their families;

3. Solicit advice from community persons and agencies regarding locally appropriate alternatives, options and coordinating mechanisms whereby spousal assault can be dealt with most effectively;

4. Recommend to the Committee how best to sensitize and communicate to the public and the service deliverers the needs and concerns of victims of spousal assault;

5. Recommend ways by which federal and territorial government agencies, the RCMP and community groups can cooperate to ensure the efficient sharing of information and expertise in this area at the community level.

Through these examinations, it was anticipated that the Task Force would be able to achieve a number of goals important to the Government of the Northwest Territories. They are:

1. To identify the problems of battered spouses who wish to seek assistance;

2. To identify the problem of "front line" persons in providing service to battered spouses;

3. To determine from the victim and the provider of service

   - (a) the nature and extent of spousal assault;

   - (b) the community attitudes towards the problem;

   - (c) ideas on how to provide safety and ongoing assistance;

   - (d) to priorize recommendations.

In addition, because the role of the Task Force was primarily a public one, we were asked to determine the gaps and problems in service as they are perceived at the community level and to improve public awareness of and sensitivity to the issues of spousal assault.

The Task Force accepted these tasks and this mandate. We have included enquiries into the problems of batterers and an examination and an evaluation of counselling and treatment programs which may assist them. As we conducted our investigations, we were asked by many people whether our mandate included an examination of mental abuse, child abuse, sexual abuse and abuse of parents and grandparents. The Task Force made it clear that

our focus was spousal assault but, at the same time, we gathered information about other aspects of family violence. We did this in part because it is often difficult to separate spousal assault from other types of violence occuring in families and, in part because we came quickly to realize that there are other aspects of family violence of serious proportions in Northwest Territories communities which ought not to be ignored.

The Minister saw the Task Force undertaking for the Ministerial Committee the job of determining what can be done to make the victim's life safer and better. Once these recommendations were received, the Ministerial Committee would recommend to the Minister how each of their respective agencies could fulfill its mandate. We were encouraged by the Minister to write our report in such a way that not only the members of the Ministerial Committee but the communities we visited and the professionals who work there would see the report as their own and as a way of communicating their concerns and their ideas to the policy levels of the respective agencies.

There was some concern expressed that we might encounter significant negative attitudes. There was some negativism, but the overwhelming response was positive, though in many instances, critical of past and present initiatives, both at the institutional and at the community levels.

Chapter 3

LOOKING FOR SOLUTIONS IN THE NORTHWEST TERRITORIES

1 AID TO VICTIMS

3.1.1 INFORMATION

The Task Force found that victims in their homes are often cut off from the rest of society in ways which surprised and sometimes shocked us. Some are virtual prisoners in their own houses and if they go out, they must account to their spouses for every activity while they are away. If they are to be helped and if they are to help themselves, they need information.

RECOMMENDATIONS

The Task Force therefore recommends:

- that information on the protection, services, health care, counselling and other needs victims of spousal assault be distributed through the press, on radio and television throughout the Northwest Territories. This information must be made available in the native languages and in English;

- that posters and pamphlets be distributed and made available in nursing stations, hospitals, doctors' offices, community health units, RCMP detachments, social welfare offices, regional council, hamlet, settlement and band and Metis local offices as well as through the native court workers and Maliiganik Tukisiiniavik, explaining the rights of victims and advising them whom they can contact for assistance;

- that the Government of the Northwest Territories underwrite the cost of preparing, translating and distributing the media information, the posters and pamphlets but that the preparation of the material may best be undertaken by court workers, Maliiganik Tukisiiniavik and

community action groups with assistance from government when requested.

3.1.2 VICTIM ADVOCACY

The Task Force found that many victims live in fear. In addition to accounting to their spouses for every move they make outside the home, they often have small children to look after. They seldom have their own transportation. They should not be expected to visit or contact all the social and other agencies that might assist them. A substantial number of victims do not have telephones in their homes. Those that do may not have the privacy to use those telephones to see assistance.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories, together with community action groups, prepare for and set up a victim advocacy counselling network using volunteers and professionals to be trained to assist victims to find out about and apply for assistance for which they may be eligible whether they choose to remain with their spouses or leave the relationship.

3.1.3 MEDICAL ATTENTION

The Task Force found that the most immediate need of any victims of spousal assault is medical attention. Some victims complained to the Task Force that they want medical aid with as few questions asked about the cause of their injuries as are medically necessary for their proper treatment. They are often severely emotionally upset.

RECOMMENDATIONS

The Task Force therefore recommends:

- that apparent victims of spousal assault be given immediate medical attention, comfort and sympathy which deals comprehensively with their trauma and that, where circumstances permit, they be encouraged to remain in the hospitals or nursing stations until safe alternate

accommodation can be found.

3.1.4 ACCESS TO OTHER ASSISTANCE DURING THE COURSE OF MEDICAL TREATMENT

The Task Force found some that victims do want to volunteer information about the cause of their injuries and are prepared to respond to questions and suggestions put by medical personnel. They are often anxious about the safety of children and other family members they left behind in the home. They often need assistance that doctors and nurses cannot give them.

RECOMMENDATIONS

The Task Force therefore recommends:

- that victims seeking medical attention be provided, on request, with access to a social worker, the RCMP or a community volunteer;

- that medical personnel be aware of the whole spectrum of community resources so they can advise and assist the victim or put her in touch with others who can help upon request.

3.1.5 PROTECTION

The Task Force found that victims of spousal assault often call the RCMP to protect them and to stop a spousal assault in progress. Victims need that protection even though they may be reluctant because of fear or other causes to lay charges or to give evidence. The Task Force found that many victims believe that the RCMP do not treat all spousal assaults as seriously as they should.

RECOMMENDATIONS

The Task Force therefore recommends:

- that RCMP members continue to provide the same service and protection to victims of spousal assault even when those victims are reluctant to assist with criminal investigation and prosecution of their complaint;

- that the RCMP consider all complaints of spousal assault as serious

and urgent;

- that RCMP members and others advise victims that batterers should, wherever possible be prosecuted in the criminal courts to assist in exposing and deterring batterers from their crime.

3.1.6 VICTIM INDEPENDENCE

Victims need protection and they need to know what protection is available to them. They must be provided with information and advice but they must be allowed to make their own decisions which must be respected.

RECOMMENDATIONS

- that those who work with and offer assistance to victims of spousal assault be made aware of the nature of spousal assault and the problems faced by victims as part of their initial and in-service training whether they are professionals or lay counsellors and advocates.

3.1.7 SHELTER FOR VICTIMS

The Task Force found that victims who have fled or have been rescued from spousal assault need shelter in a safe place where they and their children can be cared for and where sympathy and comfort can be provided.

RECOMMENDATIONS

- that when victims come to public attention, those to whom they turn (RCMP, nurses, social workers, community action workers etc.) be responsible to assist victims to find immediate safe shelter in their own community or where necessary, in another community;

- that where shelter must be paid for or where transportation must be provided to safe shelter, that the cost be borne by the Government of the Northwest Territories;

- that the Government of the Northwest Territories respond to all reasonable community requests to provide safe shelter facilities for victims of spousal assault and their families and that together with

community action groups the Government of the Northwest Territories seek ways of providing safe shelter and safe shelter facilities for victims and their families using existing buildings and community facilities wherever it is feasible to do so.

3.1.8 THE RIGHT TO REMAIN IN THE COMMUNITY

The Task Force was informed that victims of spousal assault and their children are often advised to leave their home communities to avoid continued spousal assault. This did not seem fair to many for whom family and community are so important.

RECOMMENDATIONS

The Task Force therefore recommends:

- that victims and their children be assisted by professionals and community action groups to remain in their community, and that they be protected, sheltered and where necessary given priority for available housing, day care services and local training and adult education;

- that the courts take into account the importance of the right of victims to remain in their own homes and communities when they deal with applications for peace bonds, bail review and the sentencing of convicted batterers.

3.1.9 THE RIGHT TO COMMUNITY SUPPORT

The Task Force found that victims of spousal assault sometimes lack and always need the visible and vocal support of their families and communities whether they remain with the battering spouse or choose to leave that spouse.

RECOMMENDATIONS

The Task Force therefore recommends:

- that community action groups, municipal councils, band councils and native and women's organizations publicly discuss the problems of spousal assault and take positions and make statements censuring it;

- that community leaders and elders take a greater part in advising and counselling victims and batterers and that they be prepared to appear before the courts wherever necessary to support victims and their children.

3.1.10 COUNSELLING FOR VICTIMS

The Task Force found that, although victims must make their own decisions, they and their children need professional and lay counselling to help them sort out their lives and to make informed choices between options which may be available to them. In many communities, victims complained that there was no one to turn to and no one to talk to about their problems.

RECOMMENDATIONS

The Task Force therefore recommends:

- that victims of spousal assault have access to counselling for themselves and their children. Wherever possible, such counselling should be made available in the victim's home community, but that outreach counselling, regional crisis and help lines and long distance telephone access to professionals in other communities be provided by the Government of the Northwest Territories Departments of Health and Social Services;

- that as a longer term objective, the Government of the Northwest Territories work towards the provision of counselling for victims in their own language as soon as possible and in any event, before division of the Northwest Territories in 1987.

3.1.11 MAKING COUNSELLING EFFECTIVE

Victims who have fled their homes need counselling. They may be faced with problems they have never encountered before. Some of these questions were outlined for us in a public meeting in Inuvik. They include:

- If she leaves, how can she support her children?
- If she cannot support them, will she lose them?
- Will she be provided with financial support if she leaves?
- Where will she get it?

- Where will she live?
- Who will provide housing and who will pay for it?
- How do you find out about housing?
- What if there is no housing in the community where she is living?
- Will she get training or be able to find out about it?
- Can she go to one place or will she have to go to several to get the information she needs?
- If she has to go to Manpower to find out about training, to the Housing Association to apply for accommodation, to a social worker to apply for welfare and day care subsidies, who will look after her children while she is attending to all these things?
- If she leaves but wants to stay in her community, are there ways she can keep her husband from bothering and threatening her?
- Will the police help her to get a restraining order or a peace bond?
- If they will not help, is there a court worker who will?
- Are the court workers provided only for native people or for non-natives as well?
- Could she go to a crisis centre in another community?
- How could she get to one and who would send her?
- Must she have a separation agreement before she leaves?
- If her husband will not agree, can the court grant her a legal separation?
- Is there anyone to help to answer these questions or to find out the information she must know?

The Task Force discovered that there is an unfulfilled need for victim advocacy within our social systems. A victim should be able to contact a social worker or a court worker in person or by telephone and be helped to find the answers to these and other questions without the exposure, embarrassment or physical risk. In many cases victims may want this information before they decide whether or not to leave the battering

situation.

RECOMMENDATIONS

The Task Force therefore recommends:

- that social workers and court workers be trained to respond to the enquiries victims have relating to their social service needs;

- that the duties of social workers and court workers include acting as an intermediary and an advocate for victims who may not (for whatever reason) be able to do these things for themselves.

Other kinds of counselling are also required. The victim who is considering whether to leave the battering situation is often in emotional as well as moral crisis. The victim may need to speak to a lay or professional counsellor and may also want to discuss the moral and spiritual issues with a member of their church.

The Task Force realizes that professional counselling may not be available in every community in the Northwest Territories. However, we do live in the age of instant communications.

RECOMMENDATIONS

The Task Force therefore recommends:

- that access to professional counselling on the telephone be provided as part of northern social and health care services. Some such counselling might come directly to the victims and their children. Lay counsellors, social workers and nurses could extend the expertise of a small number of professionals in the Northwest Territories in the same way that nurses have for decades been given direction from physicians over the telephone and short wave radio in remote regions.

3.1.12 HOME CARE FOR VICTIMS

When a person is recovering from illness or surgery, society often provides

special homecare. This consists of assistance with cooking and household chores, babysitting, the running of errands and assistance with transportation. The Task Force was advised that victims of spousal assault in crisis shelters, strange communities and new surroundings and new circumstances have similar needs. Victims told the Task Force that simple acts such as having a cup of coffee made for and served to them and having someone take care of and amuse their children provided them with great comfort and relief.

RECOMMENDATIONS

The Task Force therefore recommends:

- that community action groups together with local and regional social workers and other professionals identify ways volunteers can assist victims and their children who are recovering from the effects and trauma of spousal assault by providing care, comfort, assistance with household and community obligations to the extent the victim needs and wishes the help.

3.1.13 CHILDCARE

The Task Force found that victims suffering the trauma of spousal assault and burdened by new responsibilities (in particular, if they have left their spouses) need day care services. Their children are often suffering emotionally and mentally from having witnessed assault and as a result of separation from home, family and sometimes community.

RECOMMENDATIONS

The Task Force therefore recommends:

- that victims of spousal assault be recognized by day care centres, community action groups, the Government of the Northwest Territories Department of Social Services and others as having a priority requirement for the best available day care services. Where these do not exist, they should be provided by volunteer and community action groups through churches, schools or other available facilities;

- that where there is a cost for these services, that cost should be borne by the Government of the Northwest Territories for extended

periods to enable the victim to reestablish in the community and work force.

3.1.14 CRISIS LINES

The Task Force found that victims suffering emotional stress and depression may desperately need to talk to someone about their problems. They may not want to or be unable to leave their homes. They may not want to talk face to face but may prefer the anonymity of the telephone. Although many victims, particularly in the Western Arctic do not have telephones in their homes, a significant number do.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories, together with NorthwesTelecommunications and Bell Telephone, assist community action groups to develop crisis lines on community or regional basis;
- that such lines be operated and maintained as much of the time as possible, but particularly during the weekends;
- that the Government of the Northwest Territories underwrite the costs of providing space and telephone installation rental and long distance charges but that such crisis lines be operated by community action groups to the maximum extent possible;
- that community action groups recruit volunteers to serve on the crisis line who are proficient in native languages;
- that the Government of the Northwest Territories, through the Department of Social Services, provide proper training for those who volunteer to work on crisis lines;
- that mental health associations be consulted regarding existing crisis line training programs and, where appropriate, assist with volunteer training.

3.1.15 VICTIM REPRESENTATION IN COURT

The victim is seldom familiar with the criminal justice system and often remains unaware of her rights and obligations. The crown attorney's interests are those of the state. Although he is interested in the safety

and protection of the public including the victim, the crown attorney does not act for the victim. In court nobody does. The Task Force found that in criminal court proceedings, the batterer, as an accused person, is provided with representation, often at public expense, and is afforded all protections of the law.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the interests of the victim be represented by an advocate in the judicial process. This advocate might, but need not, be a lawyer. The advocate should be a person familiar with the criminal law and the courts. A court workers or lay advocate from a community action group could do this kind of work capably and effectively. The advocate could, with permission, address the court but the main role would be to explain court procedures to the victims, attend court with the victim and prepare background information and identify witnesses that the crown attorney might wish to call to give evidence.

3.1.16 VICTIMS' LEGAL RIGHTS IN THE CIVIL COURTS

The Task Force found that victims have rights, most of which they may pursue in the civil courts. The remedies which a victim may seek include divorce, support or maintenance for herself and her children, custody of children, possession of the family home, division of matrimonial property, peace bond and judicial separation. These rights have to be sued for under a variety of federal and territorial laws. The Task Force found that victims seldom know about these laws and cannot use them without the help of lawyers. Before going to court to ask for most of these remedies, victims must give notice to batterers. Victims are often unwilling to go through the resulting confrontations which can occur between the giving of notice and the hearing of the case in court.

The Task Force found that in other jurisdictions the problem is similar. However, the Task Force learned that in the State of Tennessee in the United States a spousal assault law has been passed which gathers most of the relief victims may seek in courts into one law and provides a simple and less confrontive way of starting proceedings than is used in courts in the Northwest Territories. The Task Force learned that a similar law is under active consideration by the Rosebud Tribal Council in the Dakotas and that they hope to institute such a law and administer it through tribal courts.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Justice and Public Services of the Government of the Northwest Territories review its own domestic relations legislation together with the Tennessee spousal assault statute and other applicable alternatives and, in consultation with the Legal Services Board, the Native Court Workers of the Northwest Territories, Maliiganik Tukisiiniakvik, the major native organizations and the Law Society of the Northwest Territories, prepare before the end of 1985, a draft Spousal Assault Ordinance for discussion and tabling before the Legislative Assembly of the Northwest Territories.

3.1.17 SHELTER AND PROTECTION

There are few institutional shelter facilities in the Northwest Territories. The YWCA runs such a facility in Yellowknife using a number of apartments in the Northern United Place. In Fort Smith there is a crisis centre which takes people in who are in crisis for a variety of reasons including the victims of spousal assault and their children. The Fort Smith crisis centre is located in a wing of the old St. Anne's Hospital which has been adapted for the purpose. Professionals throughout the Territories have referred victims of spousal assault to the Yellowknife shelter from a cross section of northern communities. There is often more demand on the Yellowknife facility than it can accommodate and victims must often seek shelter privately or wait for available accommodation.

There is a need for more crisis shelter accommodation throughout the Territories. We found almost universal agreement on that point. Beyond that point, opinions differed. Concern was expressed that sending victims of spousal assault from small Dene/Metis and Inuit settlements to comparatively urban non-native communities like Yellowknife, Inuvik, Frobisher Bay and Fort Smith was not a good idea.

On the other hand, many people recommended against establishing crisis centres in many of the small communities. In an urban crisis centre a victim is unlikely to have contact or confrontation with the batterer. In villages of only a few hundred people, there is no such anonymity. Victims might very well become prisoners in small settlement crisis centres.

Community representatives will have to examine their own situations and needs. We expect that there will be submissions from community action groups for crisis centres and shelters in various communities in the

Northwest Territories.

RECOMMENDATIONS

The Task Force therefore recommends:

- that where requests and initiatives regarding shelters arise out of the needs of the community or region that they be supported.

The Government of the Northwest Territories and the Government of Canada control a large number of dwellings and a variety of public buildings throughout the north. Some of these are vacant or underused. Adaptations could be made to buildings in many communities in the north. The Task Force observed that in school hostels, community hospitals, nursing stations, transient quarters and government dwellings, there is sometimes vacant accommodation.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the possibility of using existing accommodation and facilities as shelters be explored.

Running a shelter or crisis centre involves more than the provision of a bed and meals. Victims and their children need protection, clothing and nourishment. They may have neglected their health and require medical attention. Victims and their children are often emotionally upset and need comfort, care and love. The victim is the person the children look to but she is frequently in no condition to care for them.

A crisis centre cannot provide all those things itself. It needs community support. People must volunteer to babysit, to assist the victim with errands, to accompany the victim to retrieve clothing and personal articles. Members of the community may have to donate time, clothing, toys and books for the children. The victim must also be included in community

activities wherever possible, whether they be crafts programs, church, meetings or bingos.

RECOMMENDATIONS

The Task Force therefore recommends:

- that community commitment be assessed as one of the prerequisites to setting up and staffing crisis centres in northern communities.

Shelters and crisis centres need not be a drain on financial resources. In the United States such centres run businesses which make and market clothing and plants. There is tremendous therapeutic and educational value in giving victims a place in a successful business.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the viability of businesses which can be run within crisis centres be studied and be included in medium and long term planning for such facilities where appropriate.

Shelter facilities in the Northwest Territories are partially funded by Social Services. The funding is modest. In the case of the Fort Smith Crisis Centre, the allowance for beds occupied for more than 4 days is discretionary. Shelters underfunded or precariously funded cannot be expected to operate indefinitely.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories and particularly, the Department of Social Services, review its financial commitment to crisis centres and shelters and the basis upon which the contributions are made;

- that the Social Service contributions be increased to underwrite the operations and maintenance costs of such facilities;

- that the public and government recognize the importance of the availability of space in crisis centres and not just the level of occupancy in assessing the value of shelter facilities;

- that future shelters be adequately and fairly funded so that they can continue to operate both in the times when they are full to overflowing and in times when they have space available.

There is confusion and concern about shelters whether they be transition houses, safe houses, crisis centres or shelters. People are unsure what these terms mean and are unsure of the implications of having them established.

RECOMMENDATIONS

The Task Force therefore recommends:

- that there be public discussion and information provided as part of the decision making process which precedes the establishment of such facilities in communities and regions of the Northwest Territories;

- that, should a transition house be established it should be set up as a pilot project. It should be monitored carefully and reports on its capabilities, usefulness and problems should be conducted both internally and independently. Reports on the pilot project should be directed to the Minister responsible for the Status of Women and should be tabled for discussion in the Legislative Assembly of the Northwest Territories. Summaries should be provided, translated and distributed for debate and reaction from the communities.

3.1.18 TRANSITION

The Task Force found throughout the Northwest Territories that many victims

are prepared to return to marriages and relationships scarred with strife and physical abuse. They have faith in these relationships and are determined to make them work.

Nevertheless, there will be spouses who will choose to separate from their mates for longer periods of time, sometime permanently. These people need more than shelter. Most shelters and crisis centres provide emergency help only. Victims and their families can stay only a matter of days, occasionally a few weeks, in such facilities. Behind them there is often a long line of others whose needs are just as great and whose circumstances may be more urgent.

Many spouses who feel they must make an indefinite or permanent break need assistance at the most fundamental life skills level. Some need job training. Some have little or no wage earning experience outside the home. They and their families need counselling while they are in transition. They need places to stay and in the Northwest Territories where there are housing shortages in most communities, this is a dilemma.

These victims and their families should not always be forced to go to regional centres or to Yellowknife. The Task Force questions why they should leave their homes at all. In one eastern Arctic community it was suggested that there be transition homes for batterers in small communities so that victims and children can remain in the community.

The Task Force was told that many victims leave their home communities because they are criticized by community and family for the decisions they have made to leave their spouses.

RECOMMENDATIONS

The Task Force therefore recommends:

- that community and government initiatives to assist victims and their families in transition remain flexible. Some victims and children may need to stay in the community. Others may wish to leave, at least in the short term.

Those that do relocate will be faced with new problems. They will be cut off from the relationships which exist in small communities. They will face culture shock, loneliness and fear. Day care services which the extended family used to provide will have to be paid for. Housing, transportation and dietary readjustments will have to be made. New

contacts and friendships will have to be established by people who may be painfully unsure of themselves. The Task Force realizes the importance of assisting victims and their families in transition.

Victims have told the Task Force that some of the difficulties they experienced during transition arose out of their financial dependence on the social services agencies. Many found the experience of justifying welfare allowances embarrassing and humiliating. Social workers sometimes urged victims to take court action against their estranged spouses for financial support. Victims fear retaliation by batterers who might be taken to court for support.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services review the requirements of and the benefits available to victims of spousal assault and consider increasing benefits to victims and families in transition, waiving certain requirements and providing total day care costs.

3.2 TREATMENT AND ASSISTANCE FOR BATTERERS

3.2.1 COUNSELLING

Like victims, batterers have often been brought up in violent homes, witnessing spousal assault and experiencing violence themselves. Faced with what is often shameful behaviour towards their own spouses, they may feel cut off and unable to turn to anyone for help. Victims told members of the Task Force that while they were prepared to take counselling, they could not persuade the batterer to do so. The majority of batterers continue to refuse to discuss their problems with anyone. In the Whitehorse anger control counselling program, batterers have been through the courts and attend the sessions as a mandatory part of their probation. As people in the communities began to discuss spousal assault, some batterers began to contact the Task Force, indirectly at first and then directly, either on the telephone or on radio phone in programs and in public meetings. Refuges for batterers, "spousal assault anonymous" groups and anger control therapy were also suggested as approaches which might make it easier for batterers to face the need for help.

Concern was expressed that some social workers in the communities may not

be the most suitable counsellors. In most Northwest Territories communities, however, there are substantial numbers of mature, well-respected individuals who might be persuaded to volunteer as lay counsellors to batterers. In some North Baffin communities, preliminary steps and discussions are taking place.

RECOMMENDATIONS

The Task Force therefore recommends:

- that such counselling initiatives be given encouragement and recognition by the professionals in the community and the territorial and federal governments. Financial assistance could be provided as well, although the Task Force realizes that much of this counselling will have to be voluntary.

3.2.1.1 TREATMENT THROUGH THE COURTS

The courts play a positive and creative role in directing batterers to treatment and counselling. This is discussed at some length in subsection 3.6.8 on SENTENCING.

It is important that the courts are seen by the batterer as reinforcing positive community norms and values. This will involve a reaching out by the courts to the community and by the community to the courts. It was expressed to the Task Force that the court party does not spend enough time in communities to learn about community attitudes.

RECOMMENDATIONS

The Task Force therefore recommends:

- that prosecutors and judges initially spend more time on spousal assault cases and find ways to have the evidence of community action groups and leaders placed before the courts;

- that the community take responsibility to inform the Chief Judge of the Territorial Court and the judges of the Supreme Court of the Northwest Territories of community attitudes and expectations regarding the crime of spousal assault and its punishment so that together the courts and the communities may find the means within the

law of reinforcing positive community values and objectives.

3.2.1.2 LEGAL AID

Legal aid is provided to many of those charged with crimes in the Northwest Territories. It covers the defense up to the point of acquittal or conviction.

RECOMMENDATIONS

The Task Force therefore recommends:

- that legal aid defense counsel should be given additional responsibilities under the legal aid plan to assist batterers to obtain treatment or counselling, either in their own community or region or while in jail;

- that the legal aid plan be reviewed to see whether in spousal assault cases lawyers should be retained to assist their clients to get treatment and counselling which they might not otherwise be able to obtain as a result of their own advocacy.

3.2.1.3 THE JAILS

Presently, there are no treatment or counselling programs for batterers although many spend months and years in jail in the Northwest Territories Many batterers are sentenced and released from custody without having been counselled or rehabilitated in any way. Many batterers will either return to their spouses after release or will form new relationships in which new spouses will be put at risk and will be battered.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories corrections authorities assess the counselling needs of those sentenced to prison for spousal assault crimes and to act on the recommendations that arise out of that needs assessment. Special attention should be paid to the involvement of trained counsellors from the communities so that counselling may take place in the native languages where appropriate. Such recommendations should be made public within 12 months.

3.3 ASSISTANCE TO SOCIAL WORKERS

The Task Force met with social workers many of whom responded to the questionnaire distributed by the Task Force. Social workers are concerned. They offer assistance to the victims of spousal assault and their families. However, the Task Force is concerned that some social workers lack the time and sometimes the skills to do effective counselling.

Without assistance from social workers victims of spousal assault would find their problems more difficult. Sometimes victims of spousal assault turn to social workers when they decide to leave a battering situation. They bring to the social worker problems of economic insecurity, lack of skills and training. In addition many victims have total responsibility for children who may themselves be suffering from emotional disturbance. Social workers must also work within rules and budgetary constraints. They must look for jobs for unskilled victims at a time when there are few jobs. They must assist victims and their children to find housing in communities where there is no housing. They must try to help the victim to make child care arrangements. They must do these things and many more with case loads which are large and varied. Often social workers do this work without the background of post secondary school education in social work. Frequently they are young and inexperienced. In some communities social work positions remain unfilled for substantial periods of time.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories Departments of Health and Social Services and Health and Welfare Canada assess the training needs of social workers and provide them with courses of instruction and training they can take on the job to assist them to deal more effectively with the victims of spousal assault and their children;

- that the social work training program provided through Thebacha College and the developing Eastern Arctic College be expanded to teach social work students the necessary skills to deal effectively with family counselling and problems associated with domestic violence;

- that native social workers be encouraged with educational leave and bursaries to attend university programs in social work so that they

may return to the north better qualified to deal with the social problems of family violence.

The Task Force has concluded that however many trained professional social workers there are, ther will remain a need for trained lay counsellors and volunteers. These lay and volunteer counsellors could work as part of a team with advice and direction from professionals. The Task Force sees the need for a team of professionals to work with and through the lay counsellors and volunteers.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services establish a core group of trained family counsellors who can themselves train and work with mature lay and volunteer family counsellors in communities across the Northwest Territories.

The Task Force found that social workers had varying familiarities with services, programs and the law relating to spousal assault problems. Sometimes social workers have different ideas of what is available to assist victims of spousal assault. In some situations social workers do not work as a team in their responses. The Task Force was informed that social workers and nurses who have learned of the availability of resources within and outside their communities have been able to direct and refer victims and others quickly and effectively.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services review the availability of resources to assist victims and batterers and to compile the information into a handbook for the use of social workers, counsellors and others. The Department should be responsible for keeping this

handbook up to date.

There are several individual citizen's and church groups concerned with family abuse. These groups are rapidly forming a network of contacts throughout the Northwest Territories which they are willing to share with social workers attempting to assist their clients. These groups will continue to be a source of information and ideas for social workers. It is not only for information and ideas that these groups may be of assistance. Their members often know of people who will take a victim and children into their household when other resources may not be available. They have in their membership volunteers and sometimes lay counsellors who can take over from the social worker and provide the kinds of assistance that is needed in dealing with the problems of spousal assault.

RECOMMENDATIONS

The Task Force therefore recommends:

- that social workers be advised of the addresses, telephone numbers and names of contact people in these community action groups, churches, committees and individuals.

Social workers expressed the need for clarification of their powers and duties. They are called upon to assist victims and their families to leave their communities and sometimes the Northwest Territories. They do this with some unease, particularly when they help victims and their families to go to southern Canada for shelter.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services in consultation with lawyers in the Department of Justice and Public Services review the duties, responsibilities and powers of social workers and clarify what they may and may not do under present law. This clarification should be in

the form of a report which should be submitted to the Minister responsible for the Status of Women before the end of the calendar year 1985.

Social workers were unsure whether they could make referrals to shelters and facilities in different parts of the Northwest Territories.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services meet with those who operate crisis centres and shelters in the Northwest Territories to discuss and clarify their ability and willingness to accept and to cope with referrals.

3.3.1 GUIDELINES AND PROTOCOLS FOR SOCIAL WORKERS

The Canadian Association of Social Work Administrators in Health Facilities has reviewed in other parts of Canada the social work response to the problems of battered women and has produced a number of clear recommendations.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services review these recommendations and where they have not already done so, incorporate them in their approach and response to the victims of spousal assault. These recommendations are that directors of social work:

  1. develop departmental policies and procedures for the identification and management of domestic violence cases to include specific protocols for child abuse and battered women;

  2. ensure that the professional social work staff for which they are responsible have or are offering training opportunities to

develop, practise competence to identify and work with domestic violence cases;

3. allocate sufficient staff to ensure that the social work component in the domestic violence treatment program can be carried out;

4. ensure that the social work protocol for victims of spousal assault includes a mandatory follow up by telephone or in person within a specified period, regardless of the victim's initial response to the offer of service;

5. obtain and provide pamphlets and brochures detailing self-protection, precautions and local crisis servies for victims of domestic violence;

6. personally participate in or delegate a specific social worker colleague to participate in multi-disciplinary in service education programs which may include consultant/management functions e.g., child/family protection teams.

3.3.2 TOWARDS AN INTERAGENCY APPROACH

It is important that social workers work closely with nursing station and hospital and community health centre personnel as well as with the police so that each knows what the other can and is prepared to do in emergency and follow up situations. It is also important at the policy level that responsibility for the tasks and duties be specifically assigned to one or more agency.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Department of Social Services take the lead role in the coordination of information between the governmental agencies and others delivering protection, health and social services to northern communities;

- that together the agencies involved discuss and work out a professional code of ethics to facilitate the interdisciplinary disussion of spousal assault problems and to facilitate the exchange of experiences and information so that victims, batterers and their families can be assisted to the maximum extent possible;

- that the Department of Social Services and other departments and

agencies assign the implementation of recommendations addressing spousal assault to specific departments and agencies;

- that responsibility for the implementation of recommendations be with the Ministers responsible for the respective departments and agencies.

3.4 ASSISTANCE TO EDUCATORS

The Task Force met with principals and teachers from many communities in the north. An experienced educator can recognize the children who witness and suffer from violence in their homes. They do not learn as well or as quickly. They are often distracted, withdrawn and troubled.

The Task Force met with young people whose parents were victims and batterers. We met with those who provide day care to young children and those who deal with children in crisis centres and shelters. all informed us that from the earliest age, children learn the lessons of spousal assault and are deeply affected by them. In one meeting a representative of the Task force discussed spousal assault with adolescents at the junior high school level. They had deeply ingrained attitudes which were similar to those of adults in their community.

The Task Force was impressed by the willingness and questioning minds of young people, both those who saw spousal assault in their own homes and those who saw it in their communities. Family life education must begin somewhere.

RECOMMENDATIONS

The Task Force therefore recommends:

- that family life education should begin in the schools and the churches.

To teach family life education and to inform young people about the illegality and immorality of family violence requires that educators be informed of the problems. Curriculum development should be thoroughly researched and carefully carried out. The coordinator of family life education in the Northwest Territories Department of Health, along with

others, has done considerable work towards the development of a family life education component in a health curriculum along for use in classrooms throughout the Northwest Territories.

RECOMMENDATIONS

The Task Force therefore recommends:

- that curriculum planners from the Government of the Northwest Territories Department of Education in consultation with the coordinator of family life education in the Department of Health develop a family life education curriculum suitable for students from the early grades through high school. This curriculum should include information and lessons about family violence including spousal assault.

3.5 CHURCHES

The Task Force met with representatives of a number of churches in many communities. The sanctity of marriage and family relationships is spiritually, as well as socially, important. Clergy must wrestle with the difficult realities of spousal assault and the fact that victims and batterers should not always remain together.

Many clergy and their families take active though often quiet roles in family counselling and in assisting victims and their families who seek refuge from batterers. The churches in the Northwest Territories have been supportive of the community social action groups which have begun to form in northern communities. They are often involved in assisting these groups in a variety of ways, both with advice and sometimes with funding. In 1984 in Frobisher Bay, the Anglican Synod discussed family violence and spousal assault and passed a motion expressing concern and condemning family violence. These are all good and useful initiatives and the Task Force hopes that the churches will continue to play these important roles.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the clergy should consider family life education as an important part of their liturgy.

Whether instruction is given from the pulpit or elsewhere in church activities, the Task Force believes that northern peoples look to the churches to make moral statements about spousal assault and other forms of family violence. Those clergy we spoke to felt it was consistent with Christian teaching to preach against spousal assault. Some were nonetheless reluctant to do so because of the sensitivity of the topic. As northern peoples continue the debate about spousal assault and other forms of family violence, the churches should have less hesitation in discussing this subject openly with their parishioners. From many comments made to the Task Force, the church-going public in the Northwest Territories is looking to their churches for guidance on this subject.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the clergy play a role in stimulating discussion about the moral and spiritual values which are affected by spousal assault in their parishes and in the wider community.

3.6 ASSISTANCE THROUGH THE LAW AND THE COURTS

Two years ago the RCMP were directed to lay charges in spousal assault cases without requiring either a complaint from the victim. This was an important policy change because it signalled the determination of the Parliament of Canada to have spousal assault treated as a crime. The policy change has led to problems, however, and is being used in the north in more discretionary ways, though not consistently. The problems are:

- when victims know the RCMP will lay charges they are sometimes reluctant to call the RCMP even to act as peace officers to break up the incident.

- victims now fear greater retribution where the RCMP are called in than they did formerly.

- RCMP may lay charges which cannot be successfully prosecuted because the victim is reluctant, sometimes afraid, to testify and will refuse to give evidence or decline to tell the truth.

- where a batterer knows he can, by threats or promises to the victim, prevent her from giving evidence, his disrespect for the law and the courts grows.

RECOMMENDATIONS

The Task Force therefore recommends:

- that, because it appears to be more important to the victim that the RCMP investigate and restore the peace than whether batterers can be prosecuted, that this policy be reviewed.

- that the RCMP continue to lay charges against suspected batterers in as many cases as possible.

3.6.1 INVESTIGATION AND PREPARATION OF CASES

Children and parents have frequently witnessed much and are willing to give evidence. Their evidence will in many cases assist in obtaining a conviction.

RECOMMENDATIONS

The Task Force therefore recommends:

- that RCMP must be prepared in appropriate cases to take statements from and call children and other household members as witnesses in spousal assault trials.

3.6.2 BAIL AND JUDICIAL INTERIM RELEASE

The Task Force found that where a batterer has been charged with assault, his right to bail without conditions is seldom tested in the courts. Although the court may in many cases be reluctant to keep a person charged with a less serious spousal assault in custody pending trial, conditions

may be imposed on a defendant to ensure that he does not interfere with witnesses, refrains from consumption of alcohol and where the parties are not living together that he not visit the premises where the alleged victim resides. Where another spousal assault takes place pending trial, the batterer may forfeit his right to freedom before his trial.

RECOMMENDATIONS

- that judicial interim release hearings be held in appropriate spousal assault cases to enable the courts to set protective bail conditions in appropriate cases and where required, that crown prosecutors recommend that judicial interim release be denied.

3.6.3 DIVERSION INSTEAD OF COURT PROCEEDINGS

There are cases of spousal assault where both victim and batterer are anxious to obtain help together. They may want counselling, alcohol and drug rehabilitation or anger control therapy. The RCMP may have been called to answer the spousal assault complaint and yet they may agree that courts are less likely to provide the solutions the couple needs. Diversion of the kind presently used in juvenile delinquency cases might be useful.

RECOMMENDATIONS

The Task Force therefore recommends:

- that in appropriate cases RCMP officers, in consultation with the family and others in the community, explore diversion for batterers who might otherwise be prosecuted in the courts.

3.6.4 PEACE OFFICER AND PROSECUTORIAL DISCRETION

The RCMP officer and crown prosecutor have wide discretion and bear a heavy responsibility in spousal assault cases. The RCMP determine whether there is enough evidence to lay a charge and whether the victim is in danger of a further battering giving the RCMP reason to take the battering spouse into custody. He decides whether there should be a bail hearing. The RCMP determine how much investigation is enough.

The crown attorney evaluates the case, and decides whether to prosecute. The RCMP officer may be new in the community. The crown attorney is almost always unfamiliar with its workings except as he may be advised by the RCMP officer. A case may be passed from one crown prosecutor to another several times before completion. Spousal assault being a community problem, the Task Force questions whether the RCMP and crown attorneys should have to make these important discretionary decisions on their own.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the the RCMP and crown prosecutors consult with other professionals in the community, court workers, church and community workers who may be able to provide information which will make for informed use of the discretionary powers which RCMP officers and prosecutors must exercise.

3.6.5 SPECIAL PROSECUTORS, SPECIAL INVESTIGATORS AND SPECIAL TRAINING

The Task Force believes that spousal assault is a most serious crime. It involves breach of trust between men and women. It corrupts the morals of children and teaches them violent behaviour. It attacks the family and the community. The RCMP has set up special units and provides additional training in commercial crime, criminal identification, drug investigation and a host of other things.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the RCMP provide special training both to recruits and in service on spousal assault investigation and case preparation. If necessary, a special unit should be considered in G division to advise and assist members of local detachments with difficult cases;

- that for prosecutors in the Northwest Territories the Attorney General should provide special training (courses and seminars) in the prosecution of spousal assault cases. Where such training is available under the auspices of a provincial Attorney General, the Attorney General of Canada may be able to make special arrangements;

- that where prosecutors and peace officers have special interests and aptitudes, spousal assault investigations and prosecutions be assigned to them to follow through to conclusion.

3.6.6 WOMEN IN LAW ENFORCEMENT AND ON THE BENCH

The decisions made through the justice system to investigate, prosecute, acquit, convict and sentence batterers are predominantly made by men. People asked the Task Force why all the judges, almost all of the RCMP members and the majority of crown attorneys are men. Few were critical of the judges, RCMP or crown attorneys. Their comments were frequently directed at the appearance that the law enforcement and the justice system are dominated by men. The Task Force believes that it is important that there be women as well as men in the decision making positions in law enforcement and the courts, particularly in cases dealing with family violence. The impression should not be left that the important decisions in spousal assault cases are the prerogative of men.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Commissioner of the Northwest Territories, the federal Minister of Justice and the Commissioner of the RCMP consider seriously the appointment and assignment of women to judicial office and more women to positions as crown attorneys and assignment to G Division postings in the RCMP.

3.6.7 VICTIM REPRESENTATION

In criminal court cases the accused batterer is well represented. In the Northwest Territories his lawyer is frequently paid for or subsidized by the government through a generous legal aid program. The batterer may be assisted in the justice of the peace or higher courts by a native court worker. He is presumed innocent until proven guilty. He need say nothing in his own defense. If convicted, the court will hear submissions on his behalf in mitigation of sentence. By contrast, the victim is not represented. The victim can be compelled to give evidence. The crown attorney's interests are those of the state. Although he is interested in the safety and protection of the public, including the victim, the crown attorney does not act for the victim. In court nobody does.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the interests of the victim be represented by an advocate in the judicial process. This advocate might, but need not, be a lawyer. The advocate should be a person familiar with the criminal law and the courts. A court worker or lay advocate from a community action group could do this kind of work capably and effectively. The advocate could, with permission, address the court, but the main roles would be to explain the procedures to the victim, attend court with the victim and prepare background information and identify witnesses that counsel, especially the prosecutor, might wish to call to give evidence.

3.6.8 SENTENCING

The Task Force found that concern was expressed that the sentences handed down to convicted batterers do not generally deter them or others in the communities from further battering. Judges look for sentences which will deter batterers and discourage other people in the community from committing similar crimes. Judges also look for a sentence which may help batterers to reform. Finally, judges look for sentences which may help to rehabilitate batterers.

RECOMMENDATIONS

The Task Force therefore recommends:

- that judges in the Northwest Territories consider whether the sentences they are handing down for spousal assault act either as a general deterrent to the public or as a specific deterrent to the individual.

The Task Force found that there are no corrections programs in the Northwest Territories which deal specifically with the reformation or rehabilitation of those convicted of battering their spouses. Individual

staff at the Yellowknife, Baffin and Hay River Correctional Centres have shown an interest in the establishment of such programs.

The Task Force was informed that a Yukon pilot project provides group counselling for batters as an aspect of probation. The batter can choose between a jail sentence and an eight week mandatory anger control therapy program. The results have been encouraging. The psychologists counsel the batterers and will counsel their spouses as well on request.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories, Departments of Social Services and Corrections investigate the possibilities of an anger control therapy program for convicted batters. If the two important sentencing principles of reformation and rehabilitation are to have any meaning in spousal assault cases, programs of this type must be undertaken;

- that in corrections programs, both in the jails and through probation services, offenders should be confronted with and, where possible, be made to discuss spousal assault and to attend lectures, film presentations and group discussions about spousal assault. Such confrontations should be part of programs which can be run within jails and in communities throughout the north.

3.7 MEDICAL CARE PROFESSIONALS

3.7.1 RESPONSIBILITIES

Health care to the victims of spousal assault is provided in the larger communities by doctors in their clinics and officers and through regional hospitals by doctors and nurses. In the majority of communities health care is provided by registered nurses working in two's and three's in small remote communities. The nursing station is often the first place victims of spousal assault go. Sometimes they are straightforward about the cause of their injuries, other times, nurses and doctors suspect they are dealing with injuries which were caused by spousal assault though it may be denied by the victim. Nurses and doctors see their primary role being a medical one to deal with the physical injuries. Some will recommend that victims seek protection from the police and assistance elsewhere in the community. Nurses and doctors who spoke to the Task Force felt that the confidentiality required of them prevented their sharing information with the police or others without the victim's permission. They were not just concerned with confidentiality, they were also worried that if they passed information along which caused the police or others to ask questions that the victim might, on subsequent occasions, not look for medical aid when in need.

Many nurses and doctors advised that they bent the normal rules and procedures to permit nursing stations and hospitals to be used as refuges. Sometimes a patient who would normally be discharged, would be allowed to remain a few extra days occupying a hospital or nursing station bed. In one regional hospital blankets have been provided to victims and children who have sought refuge in the hospital waiting room.

Doctors and nurses who pointed to ethical requirements that they keep confidential information provided by patients admitted that where complaints are made of sexual assault or child abuse, they have overriding duties to report such incidents to the police. There are special sexual assault kits and procedures to follow which may be used with the written consent of the victim.

The question arises whether in situations where victims admit being injured as a result of spousal assault doctors, nurses and other medical personnel should be under obligations to observe certain protocols which would gather and preserve evidence which might later be used in court proceedings where charges are laid and proceeded with. Photographs could be taken of injuries reportedly causes by spousal assault. These could be placed in an envelope which is sealed with the patient's file and released to the law enforcement authorities for use as evidence with the victim's

consent.

RECOMMENDATIONS

The Task Force therefore recommends:

- that procedures and protocols be established for the gathering and preservation of spousal assault evidence and that where victims of spousal assault disclose the cause of their injuries, nurses and doctors be required to gather and preserve such evidence to be kept in the patient's file until permission to release them to the patient or the RCMP has been given by him or her.

3.7.2 MENTAL EXAMINATION OF BATTERERS

Concern was expressed to the Task Force that many batterers suffer from psychological problems. Some have threatened the lives of victims, their own children and other family members. Some have threatened to take their own lives should the victim complain, leave them or lay charges.

Victims, concerned family members and others have brought these threats to the attention of RCMP, social workers, nurses and doctors. Professionals advise that under the Mental Health Ordinance, unless the batterer consents to a psychiatric examination or is arrested in connection with an offense, he cannot be required to take a mental or psychiatric examination or assessment.

Should the Mental Health Ordinance of the Northwest Territories be reviewed to provide for mental examinations under any other circumstances? Should members of the family or others be able to have a person committed for a mental examination upon application in writing to a court?

RECOMMENDATIONS

The Task Force therefore recommends:

- that a review of the involuntary committal provisions under the Mental Health Ordinance be done by the Government of the Northwest Territories legislative draftsmen in consultation with the Northwest Territories Mental Health Association, the Law Society of the Northwest Territories and other groups in the Northwest Territories.

The objective of this review would be to make it possible to have batterers with suspected psychological problems committed involuntarily if necessary for mental examination in ways not presently permitted under the Ordinance. The Task Force recognizes the needs to safeguard the rights of the individual against arbitrary and unfair committal;

- that community and family members, as well as professionals, be considered as having important roles in the committal process;

- that the review of the involuntary committal provisions of the Mental Health Ordinance be carried out in consultation with medical professionals, the Mental Health Association, the Law Society of the Northwest Territories, the Native Court Workers of the Northwest Territories, Maliiganik Tukisiiniakvik and the major native organizations. Following this review, the Government of the Northwest Territories legal drafting division should be instructed to prepare a draft amendment to the involuntary committal provisions of the Mental Health Ordinance before the end of 1985 for discussion and tabling in the Legislative Assembly of the Northwest Territories early in 1986.

The Task Force found that some doctors and nurses were not aware of the other resources in the community which could assist victims of spousal assault. There were no protocols, either in regional or cottage hospitals or in nursing stations, for referral of victims of spousal assault to other agencies or community groups. There were no codes of ethics or protocols which would enable medical personnel to share information with the police or other agency representatives and no corresponding statutory or other policy obligations to share such information.

Doctors and nurses could be trained by professional counsellors so that they could assist victims of spousal assault who are prepared to discuss the cause of their injuries. Doctors and nurses could be made aware of the community support groups, social service programs and resources, location of crisis centres and transition facilities and could be backed up by a social worker with specific responsibilities for victims of spousal assault.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Northwest Territories Department of Health together with the

Department of National Health and Welfare develop protocols and procedures for referrals of victims of spousal assault to other agencies and community groups;

- that the Northwest Territories Department of Health, the Department of National Health and Welfare together with the RCMP and the Government of the Northwest Territories Department of Social Services develop and agree to be bound by an inter agency code of ethics to enable them to share information about victims with confidence and confidentiality;

- that doctors and nurses be made and kept aware of the other resources in their communities and regions to which victims and their children may be referred for care and assistance.

3.8 ALCOHOL AND DRUG ABUSE

The Task Force has found that while the use of alcohol may not be the root cause for all incidents of spousal assault, it is a contributing factor.

People interviewed in communities have said that a settlement may be peaceful, until the plane arrives with the 'shipment'. One RCMP officer said that within 4 hours after an alcohol shipment arrives, there will almost certainly be domestic violence.

Elders in communities have said that the brutal assaults they witness did not occur before alcohol was introduced into the communities.

A member of the clergy in one community said two ladies of his community regularly get drunk as a defensive measure. They knew when their husbands became drunk they would be victims and they drank because "...then it doesn't hurt as much."

Influential leaders in several communities expressed the view that the government is in the business of selling alcohol and should be aware that it is contributing to this problem.

Where alcohol is available, in 'wet' communities, spousal assault is readily apparent and frequent. However, the Task Force found that in 'dry' communities spousal assault also occurs. It is less often reported for fear of the discovery of the additional crime of contravening the community's alcohol laws. In some 'dry' communities, violence as a result of alcohol was common because alcohol was illegally brewed in the community.

Alcohol and drug abuse committees have developed programs relating to victims and abusers. The Director of Tuvvik Alcohol Counselling Centre in

Frobisher Bay has researched the relationship between alcohol and spousal assault and is instituting counselling programs. In Cambridge Bay, the Katimavik Centre operates an alcohol and drug abuse program which has facilities for victims of alcohol abusers. They have a follow-up program of counselling for victims and bs. Other alcohol committees have taken similar steps relating to use of alcohol and spousal assault. In some Baffin communities, there are alcohol committees which have authority to interdict or ration the purchase of alcohol by individuals who are resident in that community. They may use this authority to prohibit or restrict batterers in their use of liquor in the community. These committees also monitor alcohol consumption and abuse in their communities.

Whether alcohol is a cause or a catalyst, it is evident to the Task Force that community alcohol groups have chosen to treat the problems together and it appears to be an accepted initiative.

RECOMMENDATIONS

The Task Force therefore recommends:

- that committees and groups with the objective of alcohol and drug education and counselling be recognized and fully supported in their efforts;

- that alcohol committees with the authority to do so should monitor the use of alcohol by batterers;

- that the relationship between alcohol and drug abuse and the incidence of spousal assault be highlighted in education and community awareness programs;

- that there be interaction between alcohol committees, community groups and professionals for a comprehensive approach to the problem of spousal assault and alcohol abuse.

In dry communities, unfortunately, the illegal transportation of liquor is often a problem. We cannot presume that spousal assault is not aggravated by alcohol abuse in these dry communities.

RECOMMENDATIONS

The Task Force therefore recommends:

- that there be continued surveillance of the illegal transportation of alcohol into 'dry' communities and that action be taken to provide alcohol control through the establishment of alcohol committees having authority to enforce the regulations in these communities.

3.9 MEDIA APPROACH

Developing community awareness about spousal assault has been one of the objectives of the Task Force. A surprising number of victims were unaware that being beaten was not a normal part of life. Batterers have said that beating their spouses was their right. At a public meeting this right to batter was called 'a natural trait'.

The Task Force believes that with the increase of public awareness and continued media coverage, the public is becoming better informed and more sensitive to the fact that spousal assault is unacceptable. Constant reminders are now necessary to ensure that the public interest and awareness is maintained.

Operators of community radio stations showed their interest in spousal assault by arranging phone-in programs to facilitate discussion of spousal assault issues in their communities. The community has direct access to community radio outlets and should be encouraged to make use of these broadcasting facilities. Individuals, committees, groups and professionals benefit from the exchange of ideas. Community radio can be used as a means of stimulating dialogue and discussion in native languages.

RECOMMENDATIONS

The Task Force therefore recommends:

- that individuals, groups and professionals make use of the locally operated community radio stations to discuss the problems of spousal assault.

People in the north watch a lot of television. Many are unemployed and spend much time at home. There is a television set in virtually every household. Time has already been generously provided on both networks to extend the reach of the Task Force into many communities.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the CBC Northern Service and the Inuit Broadcasting Corporation be encouraged to continue to present programs on spousal assault. These could be panel discussion programs, phone-in shows, coverage of seminars, presentations of plays and other programs for radio and television.

Newspaper articles on spousal assault and coverage of meetings held by the Task Force have been extensive and helped to stimulate interest in the subject.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the print media be kept informed about developments in the prevention of spousal assault, the needs of victims and other information of the subject so that the public can be kept aware of spousal assault;

- that a full media campaign be launched using the newspapers, audio-visual techniques, radio and television and other media methods to continue keeping the subject of spousal assault before the public. Some of the methods used should include:

  * use of promotional spots in several northern languages to be shown and broadcast on Anik Info, CBC Northern Services and the Inuit Broadcasting Corporation;

  * development and presentation of dramas on spousal assault in English and native languages for television;

  * preparation and distribution of booklets and pamphlets;

* preparation and distribution of posters and buttons.

- that information kits containing discussion outlines, reference material and other information be prepared and distributed to schools and churches, municipal and band councils and other groups and committees to ensure continuing discussion on spousal assault.

Chapter 4

GENERAL RECOMMENDATIONS

The Task Force has assembled valuable published material which could be catalogued and made available to those interested in implementing recommendations and doing further research into spousal assault.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories catalogue and make available the published materials collected by the Task Force.

The Task Force has done much work on spousal assault, but more is needed. Knowing about initiatives from the N.W.T. and other parts of the world will help people to address the problems, benefiting from the experiences of others.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Government of the Northwest Territories Legislative Assembly allocate sufficient resources so that information can be collected, catalogued and distributed to individuals and groups on request;

- that the Government of the Northwest Territories use its computer facilities to post notice board information throughout North America and to collect information for the use of northern agencies, groups

and individuals interested in spousal assault.

The Task Force has made recommendations to the Ministerial Committee, the Minister and the Legislative Assembly. If they are adopted, many will require months or years to implement. The Ministerial Committee could continue to play an important role, particularly if its membership were more representative of concerned community groups and other organizations.

RECOMMENDATIONS

The Task Force therefore recommends:

- that the Ministerial Committee remain in existence and act as an interagency policy committee to facilitate the implementation of the recommendations made in this report;

- that the Ministerial committee be responsible for the preparation of an annual report on the implementation of the Spousal Assault Task Force recommendations under the direction of the Minister Responsible for the Status of Women;

- that the Legislative Assembly consider a status report from the Minister Responsible for the Status of Women to be tabled annually for the next 3 years to inform the Legislative Assembly and the public whether recommendations have or have not been successfully implemented.

Chapter 5

WHAT WAS SAID

Task Force members spoke to hundreds of people and had many public and private meetings. From our notes we provide a sample of the comments and remarks made to us. Our recommendations are a synthesis of much of what we were told. This chapter is a representative selection of the contributions to our work.

5.1 COMMENTS

1. Training for social workers should be available at Thebacha College at more than statutory level for family counselling.

2. Day care policy to be revised to enable battered spouses to obtain priority affordable or free day care during and after crisis.

3. Review directive to RCMP to levy charges in all reported cases of spousal assault. It is not being adhered to in all cases anyway.

4. In service training to deal with spousal assault situations.

5. Equalize property rights within marriage.

6. Would a community court committee be more effective in dealing with spousal assaults than present courts.

7. Those sentenced for spousal assault should serve sentence in community wherever possible.

8. Cross cultural training to understand family dynamics in other cultures.

9. Female judges for the North.

10. Professionals (nurses, RCMP) do not stay in communities long enough to get to really know the people and their problems. Should postings be

longer?

11. Educate the coming generation. It may already be too late for this one which is grown up now.

12. Education - posters, bumper stickers, "It's not macho to beat your wife."

13. Must consider children as victims of spousal assault even when they are not physically assaulted and provide comfort and counselling.

14. Spousal assault is a community problem. Solutions have to be made in the community.

15. Batterers should have longer sentences and be forced to take counselling.

16. Use those who have been through spousal assault as a community resource. They can help others and help themselves at the same time.

17. At the very least the woman who has been through it becomes a listerner even if her problems are not as serious or not too similar. Encourage her to help others.

18. Sometimes we in the community give too much advice to the victim. She has to make the decisions essentially alone. Let her talk it out without being pressured with too much good advice.

19. Look for signs of spousal assault in the children. Often there is a blankness in their look, in their eyes as if they are blocking things out.

20. When women have left with their children, it does not mean they do not need a break from them. They do desperately. Day care and volunteer babysitters are very important.

21. A crisis centre or shelter should have a revenue component. It builds confidence, acts as therapy and teaches business skills and money management. (examples are B.W. Jeans (Dakotas) and Tropical Plant sales (Hawaii))

22. When men come to the centre as they sometimes do to tell their side of the story, the opportunity to provide counselling and referral should not be lost.

23. Agency information is collected but not in ways which facilitate statistical analysis.

24. We have to determine with people from outlying communities what is the appropriate solution for them.

25. Information has to be made available in native languages.

26. We must educate people that spousal assault is not acceptable.

27. Churches and ministers have a role to play and should be encouraged to play it.

28. Information has to be put into a useable form and format. Not everyone can read.

29. A list of community contact people would create a valuable communications and resource network.

30. Where housing alternatives do not exist, where existing houses are overcrowded, the victim of spousal assault has no option but to stay in her situation.

31. We need counselling for native and white people.

32. We need a shelter as much for the safety and care of children as for the victims.

33. We need mental health counsellors.

34. We must look into the fact that violence is increasingly part of the northern way of life.

35. Spousal assault has to be addressed in the wider context of family violence.

36. We have to be able to provide shelter to victims.

37. Elders should be involved in counselling those who batter their spouses.

38. The treatment of batterers should take place pursuant to the order of the court.

39. There ought to be counselling and therapy in the prisons for those convicted of spousal assault. Nothing available in Frobisher Bay or in Yellowknife.

40. Community professionals (social workers, counsellors) could initiate spousal assault counselling by giving talks or seminars which could be followed up by individual or group therapy and counselling.

41. There should be an anti spousal assault campaign like the anti-alcohol campaign in the Alberta media.

42. Prosecutors should only agree to withdraw charges in exceptional circumstances.

43. Prosecutors should seek sentences which reflect the seriousness of the assault.

44. A reporting system is required to keep statistics which will facilitate measuring the effectiveness of the justice system.

45. Research may be required to determine and tailor action to suit particular communities.

46. Protocols must be developed within and between agencies to facilitate reliable cooperation and follow up.

47. More crisis centers and transition facilities. Operators will need training, back up and support services.

48. Social workers, police, courts require a clearer mandate to intervene.

49. The option of treatment "centres" for batterers should be investigated.

50. Treatment for batterers should be available on request as well as through the court and probation services.

51. Public awareness and education should stress prevention.

52. Public awareness and education programs should be directed to the general public, students, parents, the media, health care professionals and community action groups.

53. Training programs should be prepared with components for professionals and volunteers.

54. Need for comprehensive training is greatest in outlying communities where there is less professional back up assistance.

55. Mature counsellors are urgently needed in the small predominately native communities. Respected community elders should be encouraged to take on these roles and where necessary, trained to handle spousal assault problems and informed of the law.

56. Law enforcement officers and social workers should be aware that where sexual abuse of children is discovered, there is a high probability of spousal assault which ought to be investigated.

57. I would like to see a decriminalization of spousal assault.

58. Data gathering could be made easy by minor adjustment to intake forms (social services).

59. Policing policy which has changed from discretionary charging to mandatory charging to (unofficial) discretionary charging must be assessed.

60. Cultural context in which spousal assault takes place must be considered as a factor in laying charges.

61. Cultural context is and should not be taken into account by policy in determining conditions precedent to responding to complaint.

62. Police work should not end at investigation of crime and charging appropriate social agency.

63. Racial or cultural background should not be a factor which affects the immediacy of police response to a call for assistance in a spousal assault complaint.

64. Professionals must understand public reaction (or lack of it) to spousal assault in native society so that the wrong conclusions are not drawn.

65. The schools should begin to educate children at the early stages regarding family relationships and should reinforce criticism of spousal assault and other family violence.

66. Community action groups should be encouraged to start small and build so they do not briefly raise the hopes of those who need them before disappearing and leaving those expectations dashed.

67. Training for those who are to do the important jobs of intervention and counselling must be proper and in depth. No Mickey Mouse training programs, please.

68. The Chief and Band Council should take a greater part in publicly criticizing spousal assault.

69. A man who beats his wife should have to appear before the Chief and Band Council to explain what he did and should have to accept the criticism given. That kind of pressure might make them think about it the next time.

70. The band needs to confront spousal assault problems. We should hold a workshop so band members can examine ways they can show care and concern for its members which it is avoiding now.

71. Respected elders must play a role in advising people about their behaviour to one another.

72. In a crisis centre you have to provide security for victims but you also have to facilitate communication between the crisis centre and the batterer, the victim and the batterer and the victim and the community.

73. The children of victims are themselves victims. Their needs, although different from those of their mothers, have to be provided for. They are often upset, hyperactive, confused and destructive.

74. If a crisis centre is worth having, the community must show this by providing volunteer labour, toys, clothing and funds.

75. In supporting crisis centres, municipalities could provide free water and sewer services.

76. We have to be concerned about batterers because they often go through relationships with a series of spouses leaving ruined homes, battered wives and bewildered and maladjusted children behind them.

77. Professionals who seldom if ever get together to discuss spousal assault should do so regularly.

78. Some social workers must be freed from their other casework to do long term professional counselling to couples, victims and batterers.

79. No spousal assault should be viewed as minor.

80. Shelters should be secure, have adequate staffing, be properly funded on a long term basis.

81. When victims have to talk, someone has to listen, no matter what the hour or what else has to be done.

82. Family and individual counselling cannot just be left until the late evening and weekends when the rest of the day's social work has been done.

83. Victims should be encouraged to pursue charges on the first complaint to show they are serious.

84. Victims need to know what their legal rights are and what they can do. This should be distributed in newspapers and at bingos and other events to which many people go.

85. There is a need for anonymous crisis intervention for those mainly non-native victims who are afraid to ask for help because of their prestigious position in the community.

86. Former victims are a valuable community resources and should not be

overlooked as potential counsellors.

87. Statistics may indicate more spousal assault among native couples, but non-native victims are less likely to report such incidents to police and social workers.

88. Families which shelter others are often concerned about their own safety.

89. Although it is often easier to remove a victim or advise a victim to leave the home or village, police should make every effort to remove batterers and use available legal tools to protect the victim and family in their homes.

90. Need ways to bring batterers and those who threaten to batter into psychological assessment and counselling before a serious assault occurs not after.

91. Professionals must learn what is available from others in the community. They must not assume that help is available elsewhere.

92. Assumptions of what a victim should know about helping agencies cannot be made. Victims often know next to nothing about aid available and are seldom in a position to go looking or enquiring for it.

93. We must find ways to help victims to stand on their own with an improved self-image or they will continue to be victimized in subsequent relationships.

94. A radio phone-in series to widen public discussion.

95. The assistance and support of settlement and hamlet councils is necessary to help spousal assault initiatives succeed.

96. Alcohol centres should be prepared to deal with spousal assault issues since many victims and some batteres go to such centres for comfort and counselling.

97. Couples with marriage problems heap mental abuse on one another. They need help in the form of counselling to keep this abuse to a minimum and to prevent its becoming physical.

98. Prosecutors have to be innovative with use of criminal charges and may be able to use the laying of (but not proceeding with) a charge to persuade a couple to try counselling.

99. Church ministers should be encouraged by their parishioners to raise spousal assault and other family violence issues in their sermons and moral teachings.

100. Community service agencies, the churches and educators must exchange information and coordinate their efforts to assist victims and their families.

101. Need definition of spousal assault so no doubt what we are talking about. (See Family violence protocol manual, Association of Social Workers)

102. Our Child Welfare Ordinance should be amended to state clearly that children who witness spousal assault are in need of protection.

103. Police as well as crown attorneys should keep records and stats on cases not proceeded with and why.

104. Court should not be so public for spousal assault matters.

105. Social services to victims and batterers should be a community responsibility.

106. More promotion on TV and radio for public awareness. Open line programs.

107. Counselling must be available to people in their own language.

108. Band members should force their councillors to deal at their meetings with problems of spousal assault because in the old days when Chief and Band council intervened, it was very effective.

109. When we watch videos with our boyfriends, they want to take us and do to us what they have seen.

110. Women should be informed about human rights.

111. It would be helpful if a person could be chosen within the community to visit families with problems.

112. There is a need for the whole community to discuss the problem of spousal assault.

113. Charges should not be laid until both sides of the story are heard.

114. Shelters would not increase the divorce rates but would protect victims while offering counselling and other services.

115. People are becoming too dependent on institutions as a result, as a result native parents are neglecting their responsibilities.

116. Native associations should have a seminar with elders and young people to talk about marriage relationships.

117. Elders should set new standards of morality which are compatible with changing society.

118. The batterer and victim should be brought before a tribunal composed of community leaders for decisions on how to resolve the problem. If there is no solution, the care should be turned over to the RCMP.

119. Putting people in jail is not the answer; other solutions must be found. The Task Force should seek ways of helping instead of punishing.

120. Safe houses should be supported financially by the community and not seen as a government project.

121. There are extraordinary pressures in mixed marriages which often result in spousal assault.

122. National Health and Welfare should set up a unit for mental health education.

123. Native people should be trained for the role of counsellors instead of a professional from the south.

124. If women are hit for an unknown reason, it hurts more than if she knew why she was being beaten.

125. A network of designated safe houses within the community so that family contact could be kept intact.

126. Problems tend to accumulate in a man with no support network.

127. The root causes of spousal assault are alcohol and "bedroom gymnastics."

128. There is a need for an alcohol committee to control the flow of liquor into the community and to educate people on the ills of alcohol abuse.

129. As there is a pattern of male chauvinism, there is a need to educate people about the rights of women.

130. Adolescence may be too late to reverse ingrained attitudes on spousal assault.

131. Young women need assertive training which would teach them they must stand up for themselves and develop self-esteem.

132. The people should be more concerned with developing and strengthening native organizations to handle family and social problems than they are with oil and gas exploration.

133. If funding is available from the government for business development, why are funds not available to ease the plight of the people.

134. There should be a committee formed for spousal assault counselling but made up of non-batterers.

135. We should encourage people to produce plays, videos, docu-dramas on the subject for presentation to community groups and schools.

136. "Men have feelings too - sometimes all I can think about is suicide."

137. Social workers are often intimidated by victims and batterers as well as their family members and friends.

138. An old man said, "In the old days there were lots of beating and I don't want to see it continue. I suggest they leave their husbands."

139. I suggest a by-law where people choose counsellors through a referendum or elections like they do with education committees.

140. These problems will get worse because of the high birthrate in the north.

141. I get high blood pressure when victims come to my house for shelter.

142. We have manuals for snowmobiles. There is also a manual for life - the Bible, which we have learned.

143. We need more recreational facilities for men, like hockey rinks and boxing punching bags so that we have a place to relieve our tensions instead of punching our wives.

144. 1985 is the International Year of Youth. We should be able to take advantage of that to assist young people who have witnessed spousal assault and are troubled and influenced by it.

Chapter 6

CONCLUSION

The Task Force submitted its preliminary report before the end of the 1984-1985 fiscal year so that it might assist program and financial planners and in hopes that recommendations could be implemented in 1985-1986. This final report is submitted for further discussion and debate and wider distribution although it has yet to be translated into the aboriginal languages.

The work of the Task Force is now complete. We trust the report and the recommendations will be debated at the session of the Legislative Assembly to be held in Rankin Inlet in June 1985. We hope the implementaiton strategy which was assigned to the Government of the Northwest Territories Department of Social Services has been completed and that implementation of recommendations can begin immediately. Those who came forward to give evidence to the Task Force were assured that was the public commitment of their governments.

SUBMISSIONS AND SELECTED REFERENCES

Ad Hoc Committee on Family Violence (Frobisher Bay), Minutes of meetings of May 1st and June 13th, 1984, including goals and objectives.

2. Baffin Regional Council, Motion made at 15th Session, October 10-12, 1984, Pond Inlet.

3. Baffin Women's Association, Submission to the task force, October 6, 1984.

4. Baker Lake Hospice Society, Baker Lake hospice, 1983.

5. Bell, Reverend James, Battered women and the bible -- subjection or partnership.

6. Broughton Island Teacher, Broughton Island questionnaire on reactions to spousal assault radio phone-in discussion, November, 1984.

7. Green, Susan L., An analysis of victims' needs in the Northwest Territories -- victims needs assessment study, February, 1983.

8. Guthrie, Alex, Webber, Tina and Toasi, Phillip, Do you need the Katimavik Centre?, Cambridge Bay, 1983.

9. Ibn-Tamas vs. U.S. (D.C. Ct. App 10/15/79. 26CrL. 2151)

10. Langford, Andrew, Coppermine report on suicide and crisis intervention, Government of the Northwest Territories, Department of Social Services, January 20, 1985.

11. Levesque, Georgette, Alcohol related wife abuse: the case of --------, an Arctic Quebec community, February 1985 (unpublished).

12. Round, Barbara, Brief of the Government of the Northwest Territories department of health re: family life education and school health programs, 1985.

13. Sappujjijit Friendship Centre, Pamphlet, undated.

14. Society Against Family Abuse (Yellowknife), (Elizabeth Thomas), Brief to the task force on spousal assault, February 18, 1985.

15. Steering Committee on Family Abuse - Hay River, (Barbara O'Neill), Brief to the task force on spousal assault, November 14, 1984.

16. Tawow Society (Fort Smith), (James Darkes, Coordinator), Brief to the task force on spousal assault, May 3, 1985.

17. Tennessee, State of, Tennessee spousal abuse law, Tennessee code, annotated, Volume 6A, pp. 274-283.

18. Tompkins, K. and Associates, Training for counsellors of battered women, January 4, 1985.

19. Tuuvik Counselling Centre, A statistical summary - 1984, (Frobisher Bay).

20. YWCA, Report of the YWCA (Yellowknife) battered women's program, 1985.

APPENDICES

Ad Hoc Committee on Family Violence (Frobisher Bay), Minutes of meetings of May 1st and June 13th, 1984, including goals and objectives.

2. Baffin Regional Council, Motion made at 15th Session, October 10-12, 1984, Pond Inlet.

3. Baffin Women's Association, Submission to the task force, October 6, 1984.

4. Baker Lake Hospice Society, Baker Lake hospice, 1983.

5. Bell, Reverend James, Battered women and the bible -- subjection or partnership.

6. Broughton Island Teacher, Broughton Island questionnaire on reactions to spousal assault radio phone-in discussion, November, 1984.

7. Guthrie, Alex, Webber, Tina and Toasi, Phillip, Do you need the Katimavik Centre?, Cambridge Bay, 1983.

8. Langford, Andrew, Coppermine report on suicide and crisis intervention, Government of the Northwest Territories, Department of Social Services, January 20, 1985.

9. Round, Barbara, Brief of the Government of the Northwest Territories department of health re: family life education and school health programs, 1985.

10. Sappujjijit Friendship Centre, Pamphlet, undated.

11. Society Against Family Abuse (Yellowknife), (Elizabeth Thomas), Brief to the task force on spousal assault, February 18, 1985.

12. Steering Committee on Family Abuse - Hay River, (Barbara O'Neill), Brief to the task force on spousal assault, November 14, 1984.

13. Tawow Society (Fort Smith), (James Darkes, Coordinator), Brief to the task force on spousal assault, May 3, 1985.

14. Tompkins, K. and Associates, Training for counsellors of battered

women, January 4, 1985.

15. Tuuvik Counselling Centre, A statistical summary - 1984, (Frobisher Bay).

Minutes

Adhoc Committee on Family Violence and Violence Against Women

Date: May 1, 1984
Place: Adult Education Centre

Present: Mary Ipeelie, Naki Echo, Nancy Hawlay, May Lonsdale

Resource People: Sandra Gryziak, Mary Ellen Thomas, Martha Michael

1. The meeting opened with the review of the discussions of the last meeting and a presentation of possible topics for the present meeting.

2. Mary Ipeelie spoke of the problems of drug and alcohol abuse in families. Several alternations for help were identified. Mary also spoke of the problems of young drop-outs and solvent abuse.

3. Questions were raised about whether there would be community support for a safe house. Several questions were given of groups and individuals. A general meeting was also discussed.

4. Information was given about a possible conference on Women's Issues.

5. There was some discussion of the various types of help that we needed.

6. The group then discussed organization and representation. A small working group made up of voting and ex-officio members was suggested.

   Those suggested to be voting members were representatives from:
   IWA TC BRADIC
   BWA BRIA
   BRC Anglican Vestry.

   Those suggested as resource people were:

   Mary Ellen Thomas, Adult Education.
   Sandra Gryziak, Social Services.
   Martha Michael, Town, Social Services.

7. Nancy agreed to contact other people and provide them with copies of previous minutes.

8. It was agreed that the next meeting would elect an executive and establish meeting procedures. Next meeting would be at May 15, 1984 at 3:00 p.m. in the Adult Education Centre.

Goals

1. Self Education.

   - To determine the extent of the problem of family violence and sexual assault in Frobisher Bay.
   - To determine the extent of the problem of family violence and sexual assault in the Baffin region.
   - To research information about safe homes.
   - To determine the development of the problem over the years.
   - Determine the role of substance abuse.

2. Utilize Community Resources.

   - Determine what existing services and resources are available.
   - Determine ways which will help members of the family.
   - Determine helping processes which are relevent to all three cultural groups.

3. Public Information.

   - Provide information to people about services and how they can get help.

4. Improve Services.

   - Utilize existing facilities to run counselling programs.
   - Obtain funding to hire and train counsellors.
   - Help counsellors get special training in areas of family and other types of counselling.
   - Start and maintain a safe house.
   - Assist in development of self-help groups.

ᑲᑎᒪᓂᕆᔨᖅ

ᑲᑎᒪᔨᖏᑦᑐᑦ
ᐃᓕᓴᖅ ᐊᒥᓱᓂᖏᓐᓄᓐᓂ ᐊᒻᒪᓗ ᐊᒥᓱᓂᖏᓐᓄᓐᓂ ᐊᓂᓐᓂ

ᐅᓂᒃᓴᖅ: ᒪᐃ 1, 1984
ᓇᒥ : ᐃᓐᓇᐃᑦ ᐃᓕᓴᐃᖅᑎᓂᑦ

ᐅᖃᓕᓂᒪᔪᑦ: ᒥᐊᓂ ᐊᐃᐱᓕ, ᓇᖏ ᐃᓐᒃ, ᓇᓐᓂ Hᓕ, ᒪᐃ ᓕᓐᓂᑎᐅ.

ᖃᐅᔨᒪᓕᖅᑐᑦ: ᓴᓐᑐᑎ ᔮᑎᔨᐅᖏ, ᒥᐊᓂ ᐃᓕᓐ ᑕᒪᓴ, ᒪᑕ ᒪᐃᐃᒃ.

1. ᑲᑎᒪᓂᖏᓐ ᐱᒋᐊᖅᑐᖏᓐ ᑲᑎᒪᔨᖏᑦᑐᐊᓕᓂᒃ ᑭᓴᖅᓂᒥᒃ ᑕᐃᔨᓂᖏᑦᑐᐊᖅᑐᑦ ᐊᒻᒪᓗ ᒪᓐᓇ ᑲᑎᒪᔨᖏᑦᑐᐊᓕᓂᒃ.

2. ᒥᐊᓂ ᐊᐃᐱᓕ ᐅᖃᐅᓯᖏᓐᓄᑦ ᓇᓗᒪᓕᕆᓂᐅᓕᖅᑐᑦ ᐊᒃᓱᖅᓇᓕᑦ ᐃᒪᓕᐊᖅᓇᓕᑦ ᐃᓐᓇᐃᑦ ᐃᓗᓐᓂᖅ. ᐊᒥᓱᓕᓐᓂᐃᑦ ᐃᑲᔪᖅᑐᒃ ᓴᐅᒪᔪᓐᓇᐃᓕᑦ ᑐᖃᐅᓯᐅᑉᐳᑦ. ᒥᐊᓂ ᐅᖃᐅᓯᖏᓐ ᑲᓂᑎᓐᓄᑦ ᐃᓐᓇᐃᑦ ᐅᓂᒃᓴᓕᓐᓂᐃᑦ ᓇᓗᒪᓕᕆᓂᐅᓕᖅᑐᑦ ᐊᒃᓱᖅᓂᕆᓂᖅ.

3. ᐊᐱᕐᓇᓕᑦ ᑕᖃᓕᓂᒃ ᓄᓇᓕᓂ ᐃᑲᔪᓕᑦ ᓇᓂᐊᑉᐳᓕᓇᖅᓴᓕᒫᓂᒃ ᐊᑎᓕᒥᓕᓂ ᐱᓕᕆᔨᒃᑯᑦ ᑕᒪᓐᓇ ᐅᓂᒃᓴᓕᓐᓂᐃᑦ ᐊᒻᒪᓗ ᐊᐱᕐᓇᓕᑦ ᑕᖃᓕᓂᒃ ᐃᓐᓇᐃᑦ ᐊᓂᓐᓂ ᐊᐱᕐᓇᓕᑦ

ᐱᓕᒪᖃᑦᑐᓂ

1. ᐃᓕᓴᐅᓂ ᐃᓚᓐᓂᐊᓕᕆᓂᓂ

- ᑲᑎᒪᓂᕆᔨᓂᒃ ᓄᓇᓕᖕᓂᒃ ᓄᓇᓕᖕᓂᒃᓴᖅᑎᑦᑎᓂᒃᓴᖅᑐᑦ ᐊᑐᐃᓐᓇᑦᑐᐃᓐᓇᖅᑐᑦ ᐊᑐᐃᓐᓇᑦᑐᑦᓯᓂᒃ ᐃᓚᖓᑦ ᓄᓇᓕᖕᓂᒃ ᐊᑐᐃᓐᓇᑦᑐᑦᓯᓂᒃ. ᓄᓇᓕᖕᓂᒃ ᑕᐃᓂᒃ ᐃᓐᓇᐃᓚᖅ.

- ᑲᑎᒪᓂᕆᔨᓂᒃ ᓄᓇᓕᖕᓂᒃ ᓄᓇᓕᖕᓂᒃᓴᖅᑎᑦᑎᓂᒃᓴᖅᑐᑦ ᐊᑐᐃᓐᓇᑦᑐᐃᓐᓇᖅᑐᑦ ᐊᑐᐃᓐᓇᑦᑐᑦᓯᓂᒃ ᐃᓚᖓᑦ ᓄᓇᓕᖕᓂᒃ ᐊᑐᐃᓐᓇᑦᑐᑦᓯᓂᒃ ᓄᓇᓕᖕᓂᒃ ᑕᐃᓂᒃ ᐃᓐᓇᐃᓚᖅ.

- ᖃᐅᔨᒪᔪᓂᒃᓴᓂᒃ ᑐᓴᕐᓯᓂᒃ ᓴᓇᔨᓂᒃ ᐃᓕᓐᓂ ᑲᑦᐱᕐᓇᖅᑐᒥᑦ ᑐᓂᒃ.

- ᓄᓇᕗᑦᓴᓂᒃ ᐊᑐᐃᓐᓇᑦᑐᐃᓐᓇᖅᑐᑦ ᐊᑐᐃᓐᓇᑦᑐᑦᓯᓂᒃ ᓴᖑᓪᓚᕆᓂᖅ ᑲᑎᒪᔨᖅ ᐊᑐᖅᑐᓂᒃ.

- ᖃᐅᔨᓴᓂᒃ ᓄᓇᓕᖕᓂᒃ ᑭᓯᓂᒃᑎᑦᑎᓕᒫᑦ ᑲᑎᒪᔨᖅ ᓄᓇᓕᖕᓂᒃ.

2. ᑐᑐᑦ ᓄᓕᑦ ᓴᓇᓕᖕᓂᒃ ᐃᑲᔪᖅᓇᑦᑐᑦ.

- ᖃᐅᔨᓂᑦᓯᓄᒃ ᑭᓯᓂ ᒪᖕᓇ ᓴᖅᑭᖕᓂᒃᓴᖅᑐᒃ ᐃᑲᔪᖅᓇᑦᑐᑦ ᐱᒋᐊᖅ ᓴᓇᔨᓂᒃ.

- ᖃᐅᔨᓴᓂᒃ ᓄᓇᓕᖕᓂᒃ ᑭᓯᓂᒃ ᐃᑲᔪᖅᓇᑦᒪᒃᑯᑦ ᐃᓕᓴᐃᔪᓂᒃ.

- ᖃᐅᔨᓴᓂᒃ ᓄᓇᓕᖕᓂᒃ ᐃᑲᔪᖅᓇᑦᑐᑦᓄᒃ ᑐᑐᑦ ᑕᑯᔪᖅᓇᑦᑐᑦᓯᓂᒃ ᐃᓕᖕᓇᖅᓂᒃᓴᖅ ᐱᖓᓱᓂᒃ ᐃᓄᖕᓂᒃᓴᖅ.

3. ᐃᓄᖕᓂᒃ ᑕᐃᓴᐅᓕᖅ.

- ᑕᐃᓴᐅᓂᒃ ᓄᓇᓕᖕᓂᒃ ᐱᑎᑦᓯᓂᒃᓴᓂᒃ ᐃᓄᖕᓂᒃ ᑐᑐᑦ ᑕᑯᔪᖅᓇᑦᑐᑦᓯᓂᒃ ᖃᓄᖅᑐ ᐃᑲᔪᖅᑎᑦ ᑕᑯᔪᖅᓇᑦᑐᑦᓴᖅᑎᑦᑎᓂᒃᓴᖅ.

4. ᐱᔪᓚᑎᒋᔭᖅᑎᑦ ᐃᑲᔪᖅᓯᓂᒃ.

- ᑐᑐᑦ ᓄᓕᑦ ᑕᒪᓐᓇ ᓴᖅᑭᖕᓂᒃ ᐃᑲᔪᖅᓇᑦᑐᓕᖅᓴᐅᓂᒃ ᐱᑕᖃᓂᖅᓴᓇᓄᑦ ᐅᖃᐅᔨᐊᑎᑦᑎᓂᒃᓴᖅ.

- ᑭᓇᐅᔭᓂᒃ ᐱᓇᓂᒃ ᐃᖃᓗᐃᔭᑦᑎᓂᒃᓴᖅ ᑲᑎᒪᓂᒃ ᐃᓕᓴᐃᓂᒃᓴᖅᑐᑦ ᑕᒪᓐᓇ ᐅᖃᐅᔨᐊᑎᑦᑎᓂᒃᓴᖅ.

- ᐃᑲᔪᖅᓄᑦ ᓄᓕᑦ ᐅᖃᐅᔨᐊᑎᑦᑎᓂᒃᓴᖅᑐᑦ ᓯᓚᑦ ᑕᒪᓐᓇ ᐃᓕᓴᐃᓂᒃᓴᖅᑐᑦ ᑕᒪᓐᓇ ᐅᖃᐅᔨᐊᑎᑦᑎᓂᒃᓴᖅᑐᑦ ᐃᓕᓴᐃᓂᒃᓴᖅᑐᑦ ᐅᖃᐅᔨᐊᑎᑦᑎᓂᒃᓴᖅᑐᑦ

- ᐱᓕᑦᑎᓂᒃᓴᓂᒃ ᐱᑕᖃᓂᒃᓴᓂᓄ ᐃᓕᓐᓂ ᑲᑦᐱᕐᓇᖅᑐᒥᑦ ᑐᓂᒃ.

- ᐃᑲᔪᖅᓄᑦ ᑲᑎᒪᓂᕆᔨᓂᒃ ᐃᓕᓴᐅᓂᒃ ᐃᑲᔪᖅᓇᑦᑐᐃᓐᓇᖅᑐᑦ ᑲᑎᒪᔨᖅᓄᑦᓴᖅᑎᑦᑎᓂᒃᓴᖅ.

Minutes of the Committee on Family Violence
and Violence Against Women.

Date June 13, 1984

Place Legal Services Board Room

Present: Nancy Hawley, Baffin Women's Association
Mary Peter, Inuit Women's Association.
Martha Michael, Town Council and Social Services,
Nicolle Tessier, Baffin Regional Drug and Alcohol Committee.
Annie Nattaq, Baffin Inuit Association.
Nake Echo, Baffin Regional Hospital Board.
Leah Attagoyak, Legal Services.
Mary Ellen Thomas, BRES Resource Person.
Interpretor, Leetia Nowluk.
Absent: Regional Social Services Sandra Grysiak - out of town.
Baffin Regional Council - short staff.

Both will participate and send reps next meeting.

Opening Prayer.

Each rep. gave background information on their organizations and participation.

General Information of the working group.

Election of Board.

It was agreed that all groups participating should be represented on the board.

Elected

Martha Michael - President
Mary Peter - Vice-President
Nancy Hawley - Secretary
Plus remaining reps and Mary Ellen Thomas as a resource person.

Next meeting Sept. 26, 1984.

Martha MIchael and Mary Ellen Thomas to meet to meet to plan agenda.

Note to invite Mary Hunt, women Special Constable to participate on behalf of RCMP.

Agenda Items for Next Meeting

Long and Short term planning.

Priority 1. Safe House
2. Counselling Service for victims and batterer with family focus.

Adjourned.

σΡΔ°CΔ°

ᒪᑕ ᒪΔd - Δ°Lᓕ°Lᖏ°

ᒥᐊᓇ ᐱᑕ - ᑐᖏᒋᓂᐊ

ᓂ°ᓕ H·ᐊᓂ - ᑎᑎᕋ°ᕐᑎ

ᐃᑕᖏᒍᓗ ᐅᑕ°ᑎᑕᐅᓕᒪᓂ° ᐊᒪᓗ ᒥᐊᓇᐊᓂ° ᑕᒪ° ᐊ°ᔭᑎᒋᔪᐅᓂᐊ°ᑯσ.

ᑲᑎᒪ°Lᑲσᒋᑦᑐ° ᕈᑕ°ᓂ 26, 1984-ᒥ.

ᒪᑕ ᒪΔd ᐊᒪ ᒥᐊᓇ ᐊᑕ° ᑕᒪ° ᑲᑎᒪᓕᐊᓂᑲ° ᐊ°ᑭᓯ°ᒪᑎᑲ°
ᑲᑎᒪᐅᑎ°Lᔪσ°.

ᑕᐃᓂᓗ ᐃᓂᑕᐅᔨᒪᓂ° ᒥᐊᓇ H-ᐊᑦ°. ᐊ°ᓂᐳᓗσ ᕐᓂᕈ
ᕐᓂᕈᔨᓂᐊᑲ°ᑲ°ᕈᒪᓯ°ᒪ ᑲᑎᒪᐊ°Lᑕᐳᓗσ.

ᑲᑎᒪᐅᑎ°Lᔪᐅᓯ°ᑐ° ᑲᑎᒪᓂ°ᒥᕐᓂ.

ᐊᐊσᓗ ᑭᑕᑲᐃᓂ°ᓗ ᐊᑐ°Lᑦᑕᔪᐊ°ᑐσ° ᐃᓕᒪ°ᓱᐅᑎᔪᓯ°.
ᐊ°ᑭ°ᑕᐅᓂᐊ°σᓂᐊᓂ

ᐱᒋᐊᓂᒪᓱᓂ° 1. ᕐᐱᔪ°ᑕᐅᒧᓂᔪᐊᑎᑐᒥ° ᐃᓗᒥ°
2. ᐅ°Lᑦᓂᒪᐱ°ᔪᐅᓂᐃᓂᒥ° ᐱᒋᐊ°ᑕᒥσ°ᒧᑦ
ᐊᒪᓗ ᐱᒋᐊ°ᑐᒥσ°ᒥ° ᐃᓂᑭ°ᑐᑦ ᐱᓗᑭ°.

ᓂ°Lᓐ°ᑐᑦ.

ᑲᑎᒪᓂᕆᑎᑕᓂᖅ

ᑲᑎᒪᔨᕐᓄᑦ ᐃᓕᓴᖅ ᐊᓯᖏᓐᓂᒃᑯᑦ ᐊᒻᒪᓗ ᐊᓯᖏᓐᓂᒃᑯᓄᖅ ᐊᕐᕌᒍᑦ

ᑕᒪᓐᓇ: ᓴᖅ 13, 1984
ᓄᑕ : ᒪᓕᒐᓱᐃᓐᓇᖅ ᑐᑭᓯᐊᓂᖅᐸᐃᑦ ᑲᑎᒪᓂᖅᓱᓕᖅ

ᐅᓪᓗᕈᓘᔪᑦ: ᓴᖅ H-ᐅᓕ, ᖃᐅᔨᓴᓕᑕ ᐊᐃᓐᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᖏᓐᓂᕐᒪᑕᕐᓂᖅ ᒥᑐᓐ ᐱᑕ, ᐃᓄᐃᑦ ᐊᐃᓐᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᓂ ᖏᓐᓂᕐᒪᑕᕐᓂᖅ ᒪᑕ ᒪᐃᔨᔪ. ᑕᐅᖏᑦ ᑲᑎᒪᔨᖅᑭᓱᓂ ᐊᒻᒪᓗ ᐃᓄᓕᓴᐅᓕᕆᓂᖅᓯᒪᓂᖅ: ᓂᓕᑦ ᑕᓯᐃᔨ, ᖃᐅᔨᓴᓕᑕ ᐊᖏᓐᓂᒃᑯᓕᕆᓂᖅᓯᒪᓂᖅ ᐊᒻᒪᓗ ᐃᓄᓕᓴᐅᓕᕆᓂᖅᓯᒪᓂᖅ ᑲᑎᒪᔨᖅᑭᓱᓂ ᐊᐃᓐᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᖏᓐᓂᕐᒪᑕᕐᓂᖅ ᓄᑕ ᐊᓯᖏᓐᓂᒃᑯᓕᕐᓂᖅ, ᒪᓕᒐᓱᐃᓐᓇᖅ ᑐᑭᓯᐊᓂᖅᐸᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᓂ: ᒥᑐᓐ ᐊᓯᓂᖅ ᑕᒪᑦ, ᐃᓕᓴᐅᓕᕆᓂᕐᒪᑕᕐᓂᖅ ᖃᐅᔨᓴᓕᑕ ᐊᖏᓐᓂᒃᑯᓕᕐᓂᖅ.

ᑐᑭᓯᐊᓂᖅ: ᐃᓕᓴᐅᓕᕆᓂᖅᓯᒪᓂᖅ ᐊᓯᖏᓐᓂᒃᑯᓕᕐᓂᖅ ᓴᓐᑎ ᔫᓕᕐᔪᐊᖅ - ᑭᓱᓕᕐᓂᖅ ᖃᐅᔨᓴᓕᑕ, ᑲᑎᒪᔨᖅᑭᓱᓂ - ᐃᓕᓴᐅᓚᓴᓐᖏᑦᑐᐊᓕᕐᒥᔪᓂᖅ: ᑕᒪᐃ ᑕᒪᑭᑦ ᐃᓕᓐᓂᑦ, ᐊᓯᖏᓐᓂᒃᑯᓕᕐᓂᖅ ᐊᒻᒪᓗ ᓂᕆᐅᑎᓐᓂᒃᑯᓕᕐᓂᖅ ᑕᒪᐃ ᑲᑎᒪᔨᖅᑭᓱᓂ, ᑲᑎᒪᓂᖅᓯᒪᓂᖅ.

ᓯᓚᑦᓯᓂᖅ: ᓄᓇᓕᖕᒥ ᐃᓄᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᓂ ᐊᒻᒪᓗ ᐃᓄᓕᓴᐅᓕᕆᓂᖅᓯᒪᓂᖅ ᐃᓄᐃᑦ ᑲᑎᒪᔨᖅᑭᓱᓂ ᐊᒻᒪᓗ ᐃᓄᓕᓴᐅᓕᕆᓂᖅᓯᒪᓂᖅ

APPENDIX 2

MOTION from the 15th Session of the

BAFFIN REGIONAL COUNCIL

October 10-12, 1984, Pond Inlet.

MOTION #15-40

Whereas there is a concern about spousal abuse in the Northwest Territories and whereas the Task Force on Spousal Abuse is presently working on this problem, and whereas support from the Baffin communities is requested to assist the Task Force;

Therefore, I move that the Baffin Regional Council give full recognition to the Task Force on Spousal Abuse and call for community support to deal with this situation.

Moved by Jopie Kaenerk, Hall Beach
Seconded by Salli Peter, Frobisher Bay

APPENDIX 3

BAFFIN WOMEN'S ASSOCIATION SUBMISSION

Task Force on Spousal Assault
Frobisher Bay
October 6, 1984

BAFFIN WOMEN'S ASSOCIATION SUBMISSION

Task Force on Spousal Assault
Frobisher Bay
October 6, 1984

Spousal Assault in the Baffin Region is a difficult and complex issue to grapple with. We all know it happens, and we're aware of its destructive powers, but coming to terms with how to deal with it is a difficult undertaking.

It is difficult to deal with an invisible disease. And Spousal Assault is a disease. It hides behind locked doors and empty explanations for bruises and injuries. It spreads into feelings of fear, despair and isolation. It is a disease that must be treated with more than band-aid solutions, and it is a disease with a potential to spread with the same fervor with which it is inflicted.

The women involved in the Baffin Women's Association are pleased to have this opportunity to speak with you. We would like to begin by clarifying the definition of Spousal Abuse. We feel that the term Spousal Abuse is a misnomer. Men are seldom the victims of domestic violence. What we really are discussing here is wife-battering and violence against women involved in common-law or married relationships.

It is the woman who suffers as the victim in most violent, domestic situations. And these are the women we wish to speak for today. The bruised, the battered and the bewildered, who have no way out of their cyclical situations, and little hope of a life free from fear.

Health and Welfare Canada estimates that one in every ten women in Canada, who is married or living with a man is battered by her husband and partner.

The Northwest Territories Women's Bureau says that in the North that number is increased to one in every seven women. Statistics and hard data, quantifying the problem, are difficult to gather.

The R.C.M.P. do not gather statistics directly relating to violence against women. Maliganik Tukisiniakvik, Baffin Islands Legal Aid office has only recently started to gather such data.

In 1983, 23 assault charges with women as victims were heard in Courts across the Region. Of this number, 5 were sexual assault offenses.

In 1984, between January and April, 20 assault charges with women as victims were heard. Three of these were sexual assault offenses. It is unknown how many of these charges directly relate to domestic violence.

These numbers are low however, and reflect a reluctance on the part of women and the police to lay criminal charges against men who batter.

Nationally, police are often reluctant to lay charges because so few cases ever get to Court. Few women lay their own charges. And those who do, often withdraw them.

According to the National Clearinghouse on Family Violence, in Ottawa, "Many women are fearful of further violence and, because they are financially dependent on their partners, maybe afraid to continue with the charge, or to support the charge brought by the police".

According to Staff Sargeant Power of the Frobisher Bay R.C.M.P. division, Northern patterns are similar. Few women are anxious to press charges, and if they do, later decide to withdraw them.

In contrast to Southern patterns, however, Power reports, as do others in the Northern criminal justice system, almost 99 per cent of all domestic violence is directly related to alcohol abuse. In most situations, the man is drunk. The woman is often drunk as well. According to Power, when both partners are drunk, the chances of the woman getting severely beaten, increase.

At least when a woman is sober she seems better able to "escape" the situation by either going to a neighbour or family member's house, or by ducking the blows that come her way.

The Staff Sargeant also reports that at least once a week the police take a woman to the hospital for medical treatment for injuries resulting from beatings.

In Power's experience, it is usually the neighbours who call in the complaints of domestic violence. At the home, the police do not attempt to counsel, and there is no follow-up on any individual cases unless charges have been made.

If there is no witness to the assault, besides the victim, the police are generally reluctant to lay charges. It has been their experience in the North, as in the South, that as soon as women discover they will have to go to court, they refuse. Because the woman is often the only witness, the evidence is lost.

If however, a neighbour or a police officer is witness to at least one blow, charges are laid and the matter comes before the Court. This is rare however, in light of the great number of assaults taking place.

Page 5
Task Force on Spousal Assault

According to the National Clearinghouse on Family Violence, federal initiatives encourage the position that wife-battering must be treated as a crime and that police should lay criminal charges.

The former Solicitor General, Robert Kaplan, advocated the position that the laying of charges by the police can be the critical entry point into the legal system which can assist the victim to secure a protection order, financial support from her spouse, access to her home, and court-ordered therapy for the batterer.

The Clearinghouse also reports that R.C.M.P. policy changes in recent years quote "requires that all complaints of domestic violence be investigated immediately and thoroughly with the intention that charges may be laid for court prosecution, whether or not the spouse wishes to proceed with charges.

Police officers are required to be aware of appropriate community services and must assist victims in contacting supportive resources. Where an arrest is thought to be necessary, the suspect must be held in custody until the investigation is

complete and terms of release determined. If it is concluded that a spousal assault has been committed, charges must be laid by the investigating officer and the victim served with a subpoena for the earliest possible trial date, irrespective of the wishes of the victim..." *end of quote*.

If this is indeed R.C.M.P. policy, then the Baffin Woman's Association would like to see this policy more rigorously adhered to in the Baffin Region.

It is our position that these issues must be moved into the Courtroom and dealt with in a manner that addresses the seriousness of the Offences.

The immediate problem of alcohol abuse must also be addressed before any solutions to the problem will ever be effective. In light of this, the BWA recommends the need for a strengthing of the control of liquor in the communities. Dry communities appear to have fewer incidents of crime and violence. Better counselling services for alcohol abusers, treatment programs, enforced and voluntary interdiction orders, and education and awareness programs are needed to address the problems of alcohol abuse across the Region.

As well as the issues of alcohol abuse, and the need to lay criminal charges, there is a complicated network of issues that must be addressed if wife battering in the Region is to be adequately dealt with.

Of the upmost importance is the need to develop a strong network of community and professional support. This network must exist to help women cope with their situations and aid them in pursuing legal action. These women need to be assured through a support network that their emotional, financial, housing, child care, and employment needs will be met as they attempt to break the cycle of violence in their lives. Also important is the counsel and understanding of friends, family and professionals.

To date there is no strong network of support in the Baffin Region. Nurses, social workers, mental health professionals, legal professionals, priests, ministers and alcohol counsellors tend to work in isolation, apart from each other. All of these individuals need to be brought together to work with women involved in domestic violence. While working together, a nurse could provide medical support, a minister emotional support and a social worker, economic and child care support. As well, as networking closely together across the Region, each professional must be well trained in the areas of crisis intervention and counselling if the support system is to be developed effectively.

Follow-up and long term support must also be provided; to help a couple deal with their marital, social and alcohol problems, or to aid a woman who decides that the best course of action is to leave the relationship by offering the necessary legal, social, financial and child care support to do so.

Long-term support solutions must be addressed. But I suppose, that the most immediate needs at the moment, are short-term support mechanisms. One of the most important needs, is a safe sanctuary for women who want to escape their beatings. There is no relief shelter for battered women and their children in the Region. Kay Toma, Director of Nursing at the Baffin Regional Hospital reports that women in Frobisher Bay are using the hospital as a temporary shelter. Sometimes they arrive at the door late at night, frightened with no where to go. They ask to stay because they are afraid of being beaten at home. The hospital gives them a bed, and on rare occasions when beds aren't available, these women sleep on couches in the patients lounge. As well, women have been known to fake symptoms in order to be admitted because they are afraid of being beaten at home.

These woman feel safe at the hospital, and never in Kay Toma's experience, have men shown up demanding to see their wives. This experience points to the need for a safe house. The BWA advocates the exploration of this need. Two models that could be assessed for use in the north include the standard, transition

type safe home used in Southern communities, or more adaptable to the Region, a network of volunteer boarding homes willing to take in battered women and their children at all times of the day.

It is our view that a safe house must meet the needs of the community it serves, including its culture and lifestyle. The boarding home model appears better suited to a small, isolated community and fits in better with the Northern tradition of families and friends working together to solve problems. Boarding home operators will, however, have to be specially trained in counselling and crisis intervention, as well.

It is also important to stress the need for development of resources suited to the needs of Northern women.

Much of what I have said relates generally to all battered women in the Region. It is important however, to also address the specific and often different needs of native women and non-native women. While these women co-exist in a cross-cultural setting, their needs for support mechanisms may be different.

It appears that non-native woman in the Region, who are beaten, are even more reluctant to confront their situations than native women.

According to the R.C.M.P., non-native women, rarely, if ever lay assault charges. They do not seek aid for their injuries from Police, Doctors, Social Workers, Hospital Staff or lawyers.

They seem more drawn into the web of invisibility that underscores the battering syndrome. This pattern mirrors the Southern situation.

Non-native women also need access to support and professional help. Currently many non-native women do not feel comfortable confiding their problems to native para-professionals working as counsellors throughout the Region.

There is the need therefore to stimulate an open dialogue between non-native women and native para-professionals so that women in trouble can seek refuge in their advice.

For some women, this may not be possible. Some non-native women will never be able to confide in native people. The cultural barriers for some are too difficult to overcome.

Non-native professionals and para-professionals should be encouraged to network with these individuals. It may also be necessary to have non-native social workers working in the communities to address the needs of non-native women who require support.

Task Force on Spousal Assault

Unfortunately the resource base in the Region is poorly developed We still do not have a Mental Health Co-ordinator, resident psychiatrist or non-native social worker actively counselling in the Region. These individuals are necessary entities if the resource base is to be developed to address the needs of all women.

While we try to grapple with solutions to the problems of wife-battering, we must also begin a large scale education and awareness program in the Region. This program would inform women of their legal rights and options, and advise them of available support mechanisms.

We must also ensure that batterers who do go to Court are punished fairly for their crimes, and that they have access to counselling, rehabilitation and support mechanisms.

The Baffin Women's Association would like to see treatment programs developed for batterers in the Region. Once developed, Judges could order these men to attend special counselling and treatment programs to help them work through their problems.

We are anxious to see serious commitments towards resolving this complex issue in the Eastern Arctic. The Baffin Women's Association hopes to work closely within the networking process to help meet the many needs of battered women.

.../12

There is urgency in our desire to see the situation improved. That women should suffer in silence and without support is an abomination of our basic human rights.

It may sound cliche, but if we can get even one woman to say, "I'm mad as hell and I'm not going to take it any more!", we will have come a long way towards breaking that silence.

Thank you.

Cathy Moore

President
Baffin Women's Association

RECOMMENDATIONS

1. **There is a need for the RCMP to adhere to perscribed policy by charging men who beat their wives with assault.**

   There is a need for more women to lay their own assault charges if the police will not lay them.

2. **We recommend that community and professional resources be developed to deal with the issue of spousal assault. This includes:**

   A) Development of a network of professional resources trained in counselling and crisis intervention to respond to the immediate needs of battered women.

   B) Development of safe accommodation for women and children seeking refuge from abuse.

   C) Development of follow-up counselling and support services

   D) Development of financial, legal, housing, child care, employment resources to respond to the varied needs of battered women.

3. **We recommend that the issue of alcohol abuse be addressed as a major community concern across the Region. Better counselling and treatment programs must be instituted to address the problem. Tighter community control on the flow and use of alcohol in the community is advocated.**

4. **We recommend the creation of a rehabilitation program for batterers, to include court-ordered treatment programs and counselling programs. Also important is a sound counselling services for people with marital problems. Not all battered women want to leave their husbands. Counselling could be an effective way of dealing with the deeper issues of why men batter.**

5. **We recommend that a major education and awareness program be instituted to inform individuals of the problems of spousal assault, legal options, counselling and support services available.**

SOURCES

Staff Sargeant Power, RCMP Frobisher Bay Detachment
- Interviewed on October 2, 1984.

Kay Toma, Director of Nursing, Baffin Regional Hospital, Frobisher Bay
- Interviewed, October 3, 1984.

Caseload statistics, Maliganik Tukisiniakvik, Frobisher Bay, Northwest Territories

Vis -A-Vis, Newsletter of the National Clearinghouse on Family Violence, Spring 1984, Volume 2, Number 2, HEALTH AND WELFARE CANADA.

BAKER LAKE HOSPICE

SPOUSAL ASSAULT TASK FORCE REPORT

APPENDIX 4 Page 1

REC'D NOV/81

ᓴᓇᔨᓪᓗᒍ?

ᐃᑲᔪᖅᑕᐅᓯᒪᔪᓂᖅ ᐃᓕ ᐅᓇᐅᔭᓕᖅ:

- ᒥᓱᓐ ᓇᔪᓚᐅᖅᓯᓐᓄᑦᑐᖅ ᑕᐃᓴᑯᓘᓐ ᐃᓄᖓᔪᓄᑦ ᑭᓄᓕᒫᓂᐊᓕᒫ ᒥᑦᑐᐊᓘᓐᓃᑦ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅ, ᒥᓱᓐᓂᑦᑐᓂᓐᓄᑦᑐᖅ ᓴᓇᓂᑕᐃᓐᓇᖅ ᒪᓐᓇᖅᑐᒥ.
- ᒥᓱᓐᓂᑯᑦ ᐃᓄᖓᓄᑦ ᐊᐃᑲᓴᓐᓂᑦᑐᖅ ᐅᓄᖓᓕᒫᓂᐊᓕᒫᓂᖅ ᐃᓚᖓᔪᖅᑐᑎᒍᑦᑐᖅ ᐃᓕᓐᓄᑦ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅ ᓇᔪᓚᐅᖅᓯᓐᓄᑦᑐᖅ.
- ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅᓱᓐ ᒥᓱᓐᓂᑯᑦ ᐃᓄᖓᓄᑦ ᐅᓇᐅᔭᓕᖅᓯᓐᓄᑦᑐᖅ ᐊᓯᖏᓐᓄᑦ ᑐᓴᒪ ᒥᓱᓐᓂᑯᑦ ᐃᓄᖓᓕᐅᕙᓪᓕᐊᓂᖓᓄᑦ ᐅᓄᖓᓕᒫᓂᐊᓕᒫᓂᖅ.

ᖃᐅᔨ ᑕᒪᓐᓇ ᐱᓕᕆᔨᒃᑯᑦ?

ᒪᓐᓇᖅᑐᒥᒃ ᐱᓕᕆᔨᒃᑯᓂᖅ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅᓄᑦ ᐊᒻᒪᓗ 1983ᒥ ᑭᓱᓕ ᒪᓐᓇᖅᑐᒥ ᐱᓕᕆᔨᒃᑯᓂᖅ $200,000 ᐅᖃᓕᓂ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅ ᐊᑭᓐᓃᖅ ᐊᐃᑲᓴᓐᓂᑦᑐᖅ. ᒥᓱᓐ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅ ᒪᓐᓇᖅᑐᓂ, ᒪᓐᓇᖅᑐᓄᑦ ᐃᓐᓄᐊᕐᓂᐊᖅᑐᓂ. ᐱᓕᕆᔨᒃᑯᓂᖅ ᑕᒪᓐᓇ ᐱᓕᕆᔨᒃᑯᓂᖅ ᐱᓕᕆᓂᖅᑐᓂ.

ᓴᓇᔨᓪᓗᒍ ᒥᓱᓐᓂᑦᑐᓂᓐᓄᑦᑐᖅ ᐅᓄᖓᓕᒫᓂᐊᓕᒫᓂᖅ 1984 ᐱᓕᕆᓂᖅᑐᓂ ᐊᒻᒪᓗ.

ᖃᐅᔨ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅ?

ᒥᓱᓐ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅᓄᑦ ᐱᓕᕆᔨᒃᑯᓂᖅ ᐅᖃᓕᓂ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅᓄᑦ ᐱᓕᕆᔨᒃᑯᓂᖅ ᐊᑭᓐᓃᖅ ᐃᓐᓄᐊᕐᓇᐃᓐᓇᖅᓄᑦ ᐱᓕᕆᔨᒃᑯᓂ

THE BAKER LAKE HOSPICE PROJECT:

WHAT IS IT?

The Hospice is:

- a place where the sick who do not require a doctor or full hospital facilities can receive personal care for periods of up to two weeks;
- a place where people with family or personal problems can find temporary shelter;
- a service to assist those who need the help of a homemaker, or assistance in caring for a sick family member at home.

WHEN IS IT TO BE?

Present plans call for construction to begin in the summer of 1983. Before then, over $200,000 must be raised to build and furnish the hospice which will be a duplex with 2 two-bedroom suites in it. One suite will serve as the hospice facility with the other being used to house staff.

If construction can be finished on time, the hospice will open in early 1984.

HOW CAN YOU HELP?

The hospice project is not a government project, but one started by the members of the Baker Lake Hospice Society for the benefit of the people of Baker Lake.

The funds which the Society has received for the building and operation of the hospice have come from private individuals in both the North and the South, as well as from various foundations and corporations. With us they feel that the project is worthwhile and important for promoting the health and welfare of the people of Baker Lake.

Through your donation you can share in the work of the Hospice Society in helping the people of Baker Lake to help themselves.

All donations are tax deductible and those of $25 or more entitle the donor to membership in the Hospice Society.

Please make cheques payable to:
BAKER LAKE HOSPICE SOCIETY
Baker Lake, N.W.T.
X0C 0A0

For further information contact:

Brian Ford Tel. (819)793-2919

Janet Tagoona Tel. (819)793-2926

ᑲᒪᓂᑐᐊᖅ
ᐃᒃᓱᒪᓕᕆᔨᒃᑲᓐᓂᖅ

St. Timothy's Church
Pond Inlet, N.W.T. X0A 0S0

ᑎᒍᑎ ᑐᓴᕐᓂᓕᒃ
ᒥᑎᒐᓗᐊᖅ

November 27, 1984.

Dear Iris,

Enclosed is the paper I promised you regarding the Biblical view of Women. I have tried to make it as short as possible, while at the same time do some justice to the overall biblical message.
Whatever, I do hope you will find it useful.
Personally I feel that if the paper could be translated and distributed to the communities and relevant organizations, it may help to clear up, at least in some people's minds, what the Bible actual teaches regarding men and women and their attitudes and roles within relationships.
I do hope you had a productive trip and may the blessing of God Almighty be upon all your efforts.

Yours Sincerely.

Jim Bell.

Battered Women and The Bible
Subjection or Partnership?

Fairly recently I witnessed a situation within an High Arctic settlement, where a man in the process of being charged with assault, after brutally beating his wife in a drunken frenzy, expressed genuine surprise that he had broken the law. Turning to me for support, he declared that it was his "Christian duty to control his wife" and went on to say "after all God gave Eve to Adam to be his servant and to be subject to him in all things".

To most of us such rationalization seems absurd. Ridiculous as it may be, as an Anglican minister who has spent most of my ministry in the Arctic, I have found that such attitudes, as the one mentioned above, are all too common and widely accepted as legitimate. Many times I have found in my counselling ministry, women with violent spouses, who actually believe that the Bible does teach that they are inferior in status before their husbands and God and thus deserving a life of pain. I have also come across men who firmly believe they have a God given duty to subjugate their wives and whenever necessary, use violence as a means to bring about that subjugation.

A Pre-Christian Setting:

All anthropological, social, historical and primary sources show that Innuit men, while believing their wives to be their most valued possession, believed themselves to be superior. There is an abundance of evidence which clearly shows that men, on occassions would beat their wives, (as they would their dogs) in order to keep them obedient, faithful and submissive. Of course this is a generalization. Many older men to whom I have spoken, expressed great respect for their wives and would never dream of beating them. Nevertheless, generally speaking, it is safe to say that wife-beating, prior to the advent of Christianity in the North, was wide spread and accepted without the kind of stigma which other societies would attach to wife-beating.

The Genesis Account:

There are those, like the man in the above mentioned incident who trace the subordination of women most basically to the creation story in Genesis. The woman they argue, was created second and thus a by-product, or after-thought of the original creation of man. She is therefore inherantly inferior.

This idea is further compounded by the fact that most English translations as well as the Eskimo translation, make it appear as though woman is man's vassal. She is his "helper". In contemporary usage a helper refers to an inferior person in a menial position.

However an examination of the original Hebrew word ezer (help, succour) shows that in the Hebrew scriptures this word never connotes someone in a servile role and in no way connotes inequality. Indeed it often refers to a superior person, even God himself. Thus the psalmist proclaims: Happy is he whose helper (Ezer) is the God of Jacob" (Ps. 146:5) In short, Ezer can best be translated " a partner corresponding to him". I believe the New English Bible's translation is much more accurate when it states: "It is not good for man to be alone. I will provide a partner for him" (Gen 2:18b).

Battered Women and The Bible continued...

To those who would argue from Genesis 3, that women's subordination is due to her being the weaker and more sinful sex. It has to be remembered that all the references to'you'in the Hebrew accounts are plural, implying that both man and the woman were equally tempted by the serpent.

Jesus Christ's View of Women:

Moving on to the New Testament, we find Jesus Christ as a champion of womanhood. This is all the more obvious when one considers the cultural context of his day. Hebrew women had no rights, no education and were thoroughly downtrodden. Jewish men daily prayed: "Blessed be God who has not made me a heathen, slave or a woman".

At this time no self-respecting rabbi would talk with a woman in public. Jesus Christ however conversed freely with women, (John 4:5-30). He protested against any treatment which dehumanized women and taught men not to look lustfully at woman, but to see her as a person in her own right, (Matt. 5:28). In the story of the woman taken in adultery, Jesus revealed a single standard for male and female in sexual morality, (John 8:1ff).

In the light of this, one can safely conclude that Jesus Christ was a person who promoted the rights and equality of women. In all his recorded dealings with them, he showed them courtesy, confidence and compassion and in so doing went against the social custom of his day.

St. Paul's Perspective on Women:

St. Paul is abundantly clear on the position of women. "There is neither Jew nor Greek, slave nor free, male or female: for you are all one in Christ Jesus", (Gal 3:28). That is fundamental to him. Men and women have complete equality of standing before God. The revolutionary teaching of Jesus had thoroughly percolated into the conservative heart of Paul the rabbi.

He expresses this equality in a beautiful way in I Cor 11:11, "In the Lord a woman is not independant of man, nor man of woman; for as woman was made for man, so man is now born for woman". Thus each owes their existence to the other and cannot do without each other.

But what of Paul's teaching on the submission of the woman to the man in marriage? A close study of I Cor. 11:13 and Eph. 5:21ff, shows that he called for the principle of mutual submission and tells both husband and wife to "be subject to one another out of reverence to Christ".

Finally, on a practical level, the Apostle Paul thought of women as "fellow workers" and we know of such women as Mary, Tryphaena, Tryphosa, Phoebe and Priscilla who worked with him for the sake of the Gospel, (Rom. 16:1-16).

It should be clear from all this that Paul, like his master, Jesus Christ, had the highest possible view of marriage and the deepest respect for women. He cannot legitimately be charged with anti-feminism, nor was he a chauvinist.

/...

Battered Women and The Bible continued....

Conclusion:

Clearly then, chauvinists and wife beaters can take cold comfort from the teaching of scripture. Christianity acknowledges no inherently inferior group, whether based on race, social status, or sex. There is no room for gender-based categories which define female persons exclusively in terms for subordination. No man can claim biblical support for promoting his male superiority or can claim scriptural justification for beating his wife.

On the contrary, the Bible clearly condems the battering of wives and perhaps to the surprize of some women, the scriptures are much more on the side of women than they had ever dared hope.

Respectfully Submitted

Rev. James Bell
St. Timothy's Parish
Pond Inlet

November 26th, 1984.

oOo

QUESTIONNAIRE PREPARED BY BROUGHTON ISLAND TEACHER

NOVEMBER, 1984.

Suggestions for a Survey on Spousal Assault to people in Broughton:

1. Did you listen to the radio phone-in on 'Spousal Assault' on Wednesday night?
   Yes _____ No _____

2. Do you think it is helpful to talk about this problem this way?
   Yes _____ No _____

3. Do you think Broughton should try and do something to help solve this problem in our community?
   Yes _____ No _____.

4. Do you think alcohol in town makes this problem worse?
   Yes _____ No _____

5. Do you think the alcohol committee should be a lot stricter with liquor orders?
   Yes _____ No _____

6. How could we help solve this problem?
   Check as many ideas as you think are good.

   a) Form a committee for people to talk to. ____
   b) Have a spousal assault counsellor in town. ___.
   c) Organise a house in town where women who have been assaulted can go to rest & think for a few days. ___.
   d) Organise a house in Frobisher where women from Baffin settlements can go and rest for a few days. __
   e) Have more radio phone-in shows to make people think about this & collect ideas. ___
   f) Ask the task force representatives to return to Broughton to talk more about this. ___.
   g) Have a public meeting about this. ____
   h) Make the school talk to students about this. __
   i) Have another liquor vote to consider either banning or more strictly limiting alcohol in town. ___
   j) Should we arrange for some families in Broughton to offer their homes as 'safe houses' where women could go and stay with a family for a day or two to rest and think.? ___

7. If there was a counsellor available in town, would you go talk to that person about your problems?
   Yes _____. No _____.

8. Is there anything you want to say about these ideas or your personal experiences?

Questionnaire prepared in Bl by teacher / Social Worker conducted survey and compiled results. Nov. 1984

If you wish to, you may put your name here. (You do not have to)
Please leave this in the box provided in the entrance to the nursing station.

RESULTS OF THE SPOUSAL ASSAULT SURVEY IN BROUGHTON ISL.

-In total, eleven survey forms were answered.

		1	2	3	4	5	6	7	8	9	10	11
1.	Yes	X		X			X	X	X		X	X
	No											
2.	Yes	X		X		X	X	X	X	X	X	X
	No											
3.	Yes	X	X	X		X	X	X	X	X	X	X
	No											
4.	Yes		X	X		X	X	X	X	X	X	X
	No											
5.	Yes		X	X		X	X	X		X	X	X
	No											
6.	a)			X	X	X	X		X	X		X
	b)			X	X		X	X		X		X
	c)			X			X			X		
	d)					X	X					
	e)						X			X		X
	f)			X	X		X		X	X		X
	g)			X	X		X			X		X
	h)			X	X	X	X					X
	i)			X	X	X			X			X
	j)						X					X
7.	Yes	X			X		X				X	X
	No											

Below are the side remarks which were noted on some of the Survey Forms.

Survey Form # 6.
Question 6 (i); Alcohol do definitely influences Spousal Assault.

Survey Form # 7.
Question 7; I don't know.

Survey Form # 9.
Question 7; When there is a committee, I would go to that group to talk about my problems.

8. COMMENTS:-

Survey form # 1;

I myself have never been assaulted by my spouse, nor have I experience spousal assault and that is all I can say.

Survey form # 3;

These ideas in the survey are well thought out, therefore I feel it is extremely essential that a follow-up be done.

Survey form # 7;

I feel it is a good idea to have a counsellor in this community for the victim and victimizer to talk too. If there will be a counsellor in the future, it will be good to have the involved got the in depth counselling.

There are people in this community who do not have a person to talk about their problems or who are socially isolated and these people really do need some help.

Survey form # 9;

If I was victimized and when this committee was having it's meeting. I would go to this committee and report the incident telling them what had happen. I would not report the incident to anybody else other than this group. It would be of some great help to this community if a committee was formed to deal with this problem.

Survey form # 10;

What I feel I will be saying is not just about spousal Assault, but about mental problems, people getting hurt in their minds. Emotional abuse is now playing a big part in todays society, unlike the traditional life styles of yesterday. I would also like to deeply emphasize of the verbal abuse that is done to the children and to the in-laws within a family circle. Alcohol is not one of the only one of the contributing problem, Verbal and emotional abuse plays a big part in mental health stability. Children are also victims of abuse, when fear had been raised from relatives and from within their own family members, leaving mental scars. Nowadays some young people refuse to be disciplined some even taking control of their parents houses, and I write leaving in mind that this matter should definitely be dealt with.

DO YOU NEED THE

KATIMAVIK CENTRE?

Yes, the Katimavik Centre is here in Cambridge Bay, due to the fact that a lot of people felt there was a need for it.

The Katimavik Centre counsels and teaches individuals and groups about alcohol and drug abuse and their effects. The office hours are from 9 until 5, Monday through Friday, and Thursday from 6 until 10.

The Katimavik Centre has many services that they run for the people of the community during the week. The Crisis Centre is open 24 hours a day, 7 days a week. The purpose of the Crisis Centre is to offer a home away from home to victims of alcohol. This facility is staffed by on-call workers and attendants after work hours.

The Drop-in Centre is open from 9 until 5, Monday through Friday and also open Thursday evenings from 6 until 10 for people who work during the day and can't get away. This program is for people of the community to come and have coffee and discuss any problems they might have.

Addiction Counselling is for people who want counselling on any drug or alcohol problems they might have. The counsellors also teach what the effects of drugs and alcohol abuse are and promote a better understanding of these drugs. They help the clients achieve happier lives for themselves by handling alcohol and drugs responsibly.

The Centre has an Educational Program on drugs and alcohol. This program offers a series of video tapes used in the drug and alcohol program in the Centre and in the school. These classes teach individuals about problems that are affecting them and/or others. Some of the new programs that have started up in 1983 were the Young People's Group and the Group Therapy.

The Katimavik Centre's Resource Centre is open to the public. This program has pamphlets, library books, video cassette tapes and magazines that help develope the community's understanding of drugs and alcohol and also information about the effects and characteristics of a user.

Alcohol and drug abuse is a very serious problem. This is more noticable in the north than the south due to the size of the communities and close ties between individuals.

COMMUNITY

ALCOHOL /DRUG SURVEY

Participants: Community Organizations
Board Members and Staff
Community at-Large
Sample of questions and answers

1. Do you think Cambridge Bay has a drinking problem?
   25 surveyed No 8% Yes 92%
2. Is sniffing solvents still a major problem?
   25 surveyed No 48% Yes 52%
3. Do you think counselling will help these people?
   25 surveyed No 8% Yes 92 %

For more information or questions please contact:
Katimavik Centre
P.O.Box 81,
Cambridge Bay, N.W.T.

Hours: Monday through Friday
9 until 5

Authors: Alex Guthrie
Tina Webber
Illustrator: Philp Toasi

Designers: Alex Guthrie
Tina Webber
Philip Toasi

COPPERMINE REPORT

ANDREW LANGFORD, M.A., C.PSYCH.
CONSULTANT, SPECIAL SERVICES

DEPARTMENT OF SOCIAL SERVICES

JANUARY 20, 1985

PREAMBLE

BETWEEN JANUARY 2ND AND 4TH, 1985, THE WRITER VISITED THE COMMUNITY OF COPPERMINE IN ORDER TO CONDUCT A SERIES OF CONSULTATIONS WITH AGENCY REPRESENTATIVES AND MEMBERS OF THE COMMUNITY. THESE CONSULTATIONS WERE REQUESTED BY THE REGIONAL DIRECTOR, KITIKMEOT REGION, IN RESPONSE TO CONCERNS EXPRESSED OVER THE INCIDENCE OF ADOLESCENT SUICIDE AND SUICIDE ATTEMPTS IN THAT COMMUNITY.

IN COPPERMINE IN DECEMBER, 1984, THERE WERE TWO SUICIDES, AND ONE ALMOST FATAL ATTEMPT, WHICH RESULTED IN THE INDIVIDUAL REQUIRING HOSPITALIZATION IN EDMONTON FOR MEDICAL TREATMENT. SINCE JULY, 1984, THE NURSING STATION HAS RECORDED 16 OTHER SUICIDE ATTEMPTS, AND IT IS HIGHLY LIKELY THAT THERE HAVE BEEN MANY OTHER, UNRECORDED, INCIDENTS IN THIS SAME TIME PERIOD.

ON DECEMBER 19, 1984, THE REGIONAL DIRECTOR MET WITH REPRESENTATIVES OF HEALTH AND WELFARE, THE DEPARTMENT OF SOCIAL SERVICES AND THE KITIKMEOT EAST M.L.A. IN COPPERMINE. SUBSEQUENT TO THIS MEETING THE REGIONAL DIRECTOR ALSO MET WITH THE HAMLET COUNCIL. THESE MEETINGS RESULTED IN A SERIES OF DECISIONS BEING TAKEN IN REGARD TO ACTIONS TO BE IMPLEMENTED, ONE OF WHICH WAS THAT THE WRITER WOULD VISIT COPPERMINE EARLY IN JANUARY.

THE OBJECTIVES OF THE VISIT, AND THE ACTIONS TO BE IMPLEMENTED AT THE COMMUNITY LEVEL, ARE RECORDED IN THE ATTACHED CORRESPONDENCE FROM THE REGIONAL DIRECTOR (SEE APPENDIX 1). IN BRIEF, THE WRITER'S VISIT WAS TO ACCOMPLISH THE FOLLOWING:

- DELIVER A TRAINING SEMINAR TO COPPERMINE AGENCY PERSONNEL ON CRISIS INTERVENTION WITH SUICIDAL INDIVIDUALS.
- ASSIST AGENCY PERSONNEL IN IDENTIFYING COMMUNITY RESOURCES REQUIRED TO INCREASE PUBLIC AWARENESS.
- PROVIDE ADVICE TO AGENCY PERSONNEL ON DEALING WITH SERIOUS MENTAL HEALTH EMERGENCIES.
- DEVELOP AN INTAKE FORM FOR ATTEMPTED SUICIDE WHICH COULD BE USED BY ALL AGENCIES PROVIDING CRISIS INTERVENTION.

CONSULTATIONS

ON THE AFTERNOON OF JANUARY 2ND, A SEMINAR ON ADOLESCENT SUICIDE WAS PRESENTED TO AGENCY REPRESENTATIVES. THIS SEMINAR REVIEWED THE DYNAMICS AND VARIABLES ASSOCIATED WITH ADOLESCENT SUICIDE, AND FOCUSSED ON PROCEDURES FOR IDENTIFYING INDIVIDUALS AT RISK. SEMINAR PARTICIPANTS WERE ALSO ASSISTED IN THE IDENTIFICATION OF COMMUNITY FACTORS PARTICULAR TO COPPERMINE WHICH COULD BE RELATED TO THE RELATIVELY HIGH INCIDENCE OF ADOLESCENT SUICIDE ATTEMPTS IN THEIR COMMUNITY.

ON THE MORNING OF JANUARY 3RD, THE SEMINAR OF THE PREVIOUS AFTERNOON WAS CONTINUED, WITH A FOCUS ON THE TREATMENT OF SUICIDAL ADOLESCENTS. CURRENT AGENCY PROCEDURES WERE REVIEWED, AND A MODEL FOR INTEGRATED CRISIS INTERVENTION WAS PRESENTED. THE THEORY AND PRACTICE OF COUNSELLING SUICIDAL ADOLESCENTS WAS ALSO REVIEWED.

TOWARD THE END OF THE MORNING DISCUSSION FOCUSSED ON MENTAL HEALTH SERVICES IN GENERAL, AND ON STRATEGIES FOR DEVELOPING COMMUNITY AWARENESS AND PROMOTING COMMUNITY RESPONSE TO THE NEEDS OF ADOLESCENTS IN COPPERMINE.

ON THE AFTERNOON OF JANUARY 3RD, THE SEMINAR PARTICIPANTS MET WITH CONCERNED COMMUNITY MEMBERS, MOST OF WHOM HAD AGREED TO DESIGNATE THEIR HOMES AS "SAFE" HOUSES WHERE ADOLESCENTS COULD GO AT ANY TIME FOR COUNSELLING OR SUPPORT. THE MEETING CONTINUED WITH THE MORNING'S DISCUSSION OF DEVELOPING PROGRAMS AND FACILITIES TO COUNTERACT THE FACTORS WHICH APPEAR TO BE CONTRIBUTING TO ADOLESCENT SUICIDE ATTEMPTS IN COPPERMINE.

THE MEETING CULMINATED IN THE STRIKING OF A COMMITTEE WHICH WAS TO APPROACH THE HAMLET COUNCIL AT ITS MEETING ON JANUARY 9TH, WITH A PROPOSAL TO AUGMENT CRISIS INTERVENTION SERVICES WITHIN THE COMMUNITY.

ON THE MORNING OF JANUARY 4TH, THE WRITER MET WITH THE COMMUNITY SOCIAL SERVICE WORKER TO DISCUSS HIS PERCEPTIONS ON THE NEEDS OF ADOLESCENTS WITHIN THE COMMUNITY, AND TO DISCUSS HIS NEEDS IN RELATION TO PROGRAMS AND SERVICES.

IT WAS CLEAR THAT TWO DAYS OF CONSULTATION WERE INSUFFICIENT. THE PROBLEMS FACED BY THE COMMUNITY ARE COMPLEX, AND THE POINT WAS WELL MADE THAT THE SUICIDES WHICH HAVE OCCURRED WERE SYMPTOMATIC OF DEEPER PROBLEMS ROOTED IN THE COMMUNITY DYNAMICS. IN THE REMAINDER OF THE PRESENT REPORT THE WRITER HAS ATTEMPTED TO REITERATE THE PROBLEMS THAT WERE BROUGHT TO HIS ATTENTION, STRIVING AT THE SAME TIME TO KEEP HIS OWN OPINIONS ON ADOLESCENT SUICIDE TO A MINIMUM.

COMMUNITY CONCERNS

THE VIEWS EXPRESSED BY BOTH AGENCY PERSONNEL AND CONCERNED CITIZENS IN COPPERMINE QUITE GRAPHICALLY SUPPORT THE MULTIPLICITY OF FACTORS UNDERLYING ADOLESCENT SUICIDE ATTEMPTS IN THAT COMMUNITY. FURTHER, THEY MAKE IT VERY CLEAR THAT THERE ARE NO SIMPLE, OR SHORT-TERM, SOLUTIONS. IT IS ALSO APPARENT THAT THE COMMUNITY OF COPPERMINE IS NOT UNIQUE; THE PROBLEMS WHICH THAT COMMUNITY FACES IN RELATION TO ADOLESCENTS MAY BE FOUND IN MANY NORTHERN SETTLEMENTS.

ADOLESCENT SUICIDE, AND SUICIDE ATTEMPTS, ARE THE RESULT OF EXTRAORDINARILY COMPLEX FACTORS EXISTING NOT JUST WITHIN THE INDIVIDUAL, BUT ALSO WITHIN THE FAMILY AND THE COMMUNITY. IT DOES NOT SUFFICE TO ATTRIBUTE A SUICIDE ATTEMPT TO DEPRESSION ALONE, AND TO SUBSEQUENTLY IMPLEMENT CLINICAL PROCEDURES AIMED AT ALLEVIATING THIS CONDITION. THE PATHOLOGICAL FACTORS WITHIN THE FAMILY AND IN THE COMMUNITY MUST ALSO BE EVALUATED, AND TREATED, IF ONE IS TO PROVIDE MORE THAN SYMPTOMATIC (AND TEMPORARY) RELIEF TO THE ADOLESCENT.

AN ADEQUATE CONCEPTUALIZATION OF ADOLESCENT SUICIDE MUST TAKE INTO ACCOUNT NOT JUST THE EXISTENCE OF PATHOLOGICAL FEATURES, BUT ALSO MUST RECOGNIZE THE CONTRIBUTION OF NORMAL ADOLESCENT DEVELOPMENTAL PROCESSES. THUS, WHILE DEPRESSION AND PARENTAL AND/OR PEER REJECTION MAY PLAY A PART, SO TOO MAY ALIENATION, ANOMIE AND IDENTITY CRISIS. NORMAL ADOLESCENT NEEDS, AS WELL AS THE PATHOLOGICAL FACTORS, MUST BE RESPONDED TO IN THE TREATMENT OF THE SUICIDAL ADOLESCENT IN ORDER TO REDUCE THE RISK OF FURTHER CRISES.

LISTED BELOW ARE THE THREE MOST SERIOUS COMMUNITY PROBLEMS AS IDENTIFIED BY THOSE CONSULTED, WITHIN EACH OF WHICH MANY BE FOUND THE SIGNIFICANT FACTORS WHICH CONTRIBUTE TO THE HIGH INCIDENCE OF ADOLESCENT SUICIDE ATTEMPTS IN COPPERMINE. THEY ARE NOT LISTED IN ANY ORDER OF PRECEDENCE, BUT REFLECT THE VIEWS EXPRESSED DURING THE WRITER'S CONSULTATIONS WITH AGENCY REPRESENTATIVES AND CONCERNED MEMBERS OF THE COMMUNITY:

1 HIGH LEVELS OF ALCOHOL ABUSE, BY TEENAGERS, BY THEIR PARENTS, AND BY COMMUNITY LEADERS.

2 DETERIORATION AND FRAGMENTATION OF THE TRADITIONAL FAMILY UNIT.

3 INADEQUACY OF SERVICES AND FACILITIES

COMMENTS ON EACH OF THESE FOLLOW.

re: ANOMIE - lawlessness lack of direction or purpose (esp - in changing society)
- lack of purpose, identity or ethical values in a person or in a society
- disorganization, rootlessness.

of anomie

ALCOHOL ABUSE

WITHOUT EXCEPTION, ALCOHOL ABUSE WAS THE FIRST FACTOR IDENTIFIED BY THOSE CONSULTED AS CONTRIBUTING TO ADOLESCENT SUICIDE.

AS A CENTRAL NERVOUS SYSTEM DEPRESSANT, ALCOHOL USE MAY EXACERBATE PRE-EXISTING DEPRESSIVE CONDITIONS. IT MAY ALSO ACT TO DISINHIBIT AGGRESSIVE BEHAVIOUR, MAKING IT MORE LIKELY FOR THE INDIVIDUAL TO ACT UPON SELF-DESTRUCTIVE IMPULSES. ALCOHOL ABUSE CARRIES WITH IT A MULTIPLICITY OF OTHER PERSONAL AND SOCIAL PROBLEMS, EACH EXACERBATING THE OTHERS. IT IS NOT SURPRISING, THEREFORE, TO NOTE THAT MANY ADOLESCENT SUICIDE ATTEMPTS ARE ASSOCIATED WITH ALCOHOL USE AND ABUSE.

IT WAS ALSO GENERALLY AGREED BY THOSE CONSULTED THAT THE PARENTS OF THE ADOLESCENTS WHO ATTEMPTED SUICIDE WERE THEMSELVES ALCOHOL ABUSERS. THUS, ONE MUST TAKE INTO ACCOUNT THE ROLE OF PARENTAL MODELING, AND ONE MUST EXAMINE THE ADEQUACY OF PARENTING, IN THE FAMILY BACKGROUNDS OF THE ADOLESCENT WHO ATTEMPTS SUICIDE. ALCOHOL IS SEEN AS HAVING A PERVASIVE NEGATIVE INFLUENCE, BOTH ON THE ADOLESCENT AND ON THOSE TO WHOM HE OR SHE IS CLOSEST.

THE POINT WAS ALSO REPEATEDLY MADE, BY BOTH AGENCY PERSONNEL AND CONCERNED CITIZENS, THAT PROMINENT MEMBERS OF THE COPPERMINE COMMUNITY VISIBLY ABUSE ALCOHOL. NOT ONLY ARE THE ROLE-MODELLING EFFECTS OF THIS ON ADOLESCENTS QUITE APPARENT, BUT ALSO SUCH A STATE OF AFFAIRS MAKES IT VERY DIFFICULT TO BRING THE ISSUE OF ALCOHOL ABUSE INTO THE OPEN AT THE COMMUNITY LEVEL. DEFENSIVENESS AND DENIAL ARE A PROMINENT PART OF ALCOHOLISM, OFTEN LEADING TO RATHER HYPOCRITICAL PRETENSES IN THE SEARCH FOR A SOLUTION.

ALCOHOL WAS ALSO NOTED TO CONTRIBUTE TO FAMILY DISINTEGRATION. IT WAS INDICATED THAT IT IS NOT AT ALL UNCOMMON FOR PARENTS TO SEND THEIR CHILDREN AWAY (OUT OF THE HOUSE) WHILE THEY DRANK, GAMBLED AND PARTIED. IT WAS FOR THIS REASON, MORE THAN ANY OTHER, THAT THE COMMITTEE OF CONCERNED CITIZENS ESTABLISHED "SAFE" HOUSES OVER THE HOLIDAY PERIOD.

WHILE THE COMMUNITY HAS ALCOHOL COUNSELLORS AND AN ALCOHOLICS ANONYMOUS GROUP AVAILABLE, IT WAS REPORTED THAT THESE SERVICES ARE UNDER-UTILIZED. IT WOULD APPEAR THAT ALCOHOL ABUSE IS NOT RECOGNIZED (OR PERHAPS ADMITTED) AS A SIGNIFICANT COMMUNITY PROBLEM AT THIS POINT IN TIME. UNTIL SUCH TIME AS THE COMMUNITY IS PREPARED TO INITIATE SOME ACTIONS TO REDUCE THE LEVEL OF ALCOHOL ABUSE IN COPPERMINE, AND UNTIL SUCH TIME AS INDIVIDUALS ARE PREPARED TO SEEK ASSISTANCE WITH THEIR ALCOHOL PROBLEMS, THEN ALCOHOL WILL REMAIN A SIGNIFICANT FACTOR IN THE INCIDENCE OF ADOLESCENT SUICIDE ATTEMPTS, BOTH DIRECTLY BY ITS ACTIONS ON THE INDIVIDUAL, AND INDIRECTLY IN ITS CONTRIBUTION TO SOCIAL PROBLEMS.

IT WAS REPORTED THAT THERE WAS NO FORMAL ALCOHOL AWARENESS PROGRAM IN EFFECT IN COPPERMINE, AND THERE DID NOT APPEAR TO BE MUCH HAPPENING BY WAY OF ALCOHOL EDUCATION PROGRAMS IN THE SCHOOL.

AS A SIGNIFICANT FACTOR, ALCOHOL ABUSE LIMITS THE ABILITIES OF HELPING AGENCIES TO RESPOND TO THE SUICIDAL ADOLESCENT. INTOXICATED AND SUICIDAL INDIVIDUALS MUST INITIALLY BE DE-TOXIFIED, FOLLOWING WHICH THEY MOST OFTEN DENY THEIR SUICIDAL IDEATION AND REFUSE ANY FURTHER TREATMENT. FOR THE ADOLESCENT WHOSE SUICIDAL CRISIS IS ASSOCIATED WITH PARENTAL ALCOHOL ABUSE, INDIVIDUAL TREATMENT ALONE CAN ONLY BE SYMPTOMATIC AND CARRIES A HIGH RISK OF RELAPSE. THEIR PARENTS TYPICALLY REFUSE ANY FORM OF FAMILY-BASED INTERVENTION, AND THUS THE ADOLESCENT CAN ONLY BE ASSISTED IN ADJUSTING TO FAMILY PATHOLOGY.

THE FAMILY UNIT

IT WAS NOTED THAT MANY OF THE ADOLESCENTS WHO ATTEMPT SUICIDE ARE CUSTOM ADOPTED, AND THE PREVAILING OPINION WAS THAT THE MAJORITY OF THESE WERE UNWANTED CHILDREN. WHILE CUSTOM ADOPTIONS CONTINUE TO OCCUR, IT SEEMS THAT THE TRADITIONAL REASONS FOR CUSTOM ADOPTION ARE NO LONGER VALID. RATHER THAN CUSTOM ADOPTING TO PROVIDE CHILDREN TO CHILDLESS OR ELDERLY COUPLES, IT SEEMS NOW THAT CUSTOM ADOPTIONS ARE MADE TO RELIEVE UNWED TEENAGERS OF THE BURDEN OF AN INFANT, OR TO PROVIDE FOR A CHILD WHOSE PARENTS CANNOT OFFER ADEQUATE CARE. IN GENERAL IT WAS EXPRESSED THAT CUSTOM-ADOPTED CHILDREN ARE WELL CARED FOR AS INFANTS, BUT AS CHILDREN AND ADOLESCENTS COME TO SUFFER MORE AND MORE RESENTMENT AND REJECTION, AND OCCASIONALLY ABUSE, BY THEIR ADOPTIVE PARENTS AND SIBLINGS. THUS, AS A GROUP, CUSTOM ADOPTED CHILDREN HAVE A HIGHER RISK OF DEVELOPING MAJOR PROBLEMS IN ADOLESCENCE, INCLUDING A HIGHER RISK OF SUICIDE.

THE PREVAILING OPINION WAS THAT MANY ATTEMPTED SUICIDES WERE ASSOCIATED WITH FAMILY DISINTEGRATION, WITH A MAJOR SPLITTING DESCRIBED BETWEEN CHILDREN AND THEIR PARENTS. IT WAS EXPRESSED THAT IN THE COMMUNITY AT LARGE THERE WAS LITTLE COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN, AND EVEN LESS BY WAY OF SHARED OR COMMON ACTIVITIES. MUCH OF THIS PERCEIVED SCHISM BETWEEN GENERATIONS WAS ATTRIBUTED TO CULTURAL DETERIORATION, WITH INCONSISTENT VALUE SYSTEMS BEING AT THE ROOT OF MUCH OF THE CONFLICT BETWEEN PARENTS AND THEIR CHILDREN.

N.B. AS A FACTOR ASSOCIATED WITH ADOLESCENT SUICIDE, THE FAMILY UNIT IS OF PRIME IMPORTANCE. NOT ONLY DOES REJECTION BY PARENTS (EITHER OVERT OR COVERT) INCREASE THE RISK OF SUICIDE DRAMATICALLY, BUT ALSO FOR THE SUICIDAL ADOLESCENT FAMILY SUPPORT IS THE SINGLE MOST POSITIVE FACTOR IN EFFECTIVE INTERVENTION. IT WOULD APPEAR THAT MANY SUICIDAL ADOLESCENTS HAVE BEEN REJECTED BY THEIR PARENTS, AND CANNOT TURN TO THEM FOR SUPPORT IN TIMES OF EMOTIONAL CRISIS.

A SENSE OF ALIENATION AND ANOMIE IS, AT TIMES, A NATURAL CONDITION IN ADOLESCENCE. IT NORMALLY OCCURS AS PART OF THE PROCESS OF ADOLESCENT IDENTITY FORMATION, AND IS PARADOXICALLY RESPONSIBLE FOR THE PROCESS OF SOCIALIZATION AT THAT STAGE OF DEVELOPMENT. HOWEVER, WHEN IT OCCURS IN COMBINATION WITH REJECTION BY THE PARENTS, IT EXCEEDS THE LIMITS OF NORMALITY AND BECOMES A PATHOLOGICAL PROCESS. AT THIS POINT, ALIENATION AND ANOMIE BECOME POTENTIALLY CRITICAL FACTORS IN DETERMINING SUICIDAL RISK.

THE LITERATURE ON ADOLESCENT SUICIDE UNEQUIVOCALLY RELATES SUICIDE ATTEMPTS TO A CRISIS IN PERSONAL RELATIONSHIPS. SOME STUDIES HAVE FOUND THAT IN EXCESS OF 80% OF ALL SUICIDE ATTEMPTS OCCUR FOLLOWING A MAJOR ARGUMENT WITH SOMEONE TO WHOM THE ADOLESCENT IS VERY CLOSE. MOST OFTEN, THE ATTEMPT FOLLOWS A BREAK-UP WITH A BOYFRIEND OR GIRLFRIEND, BUT ARGUMENTS WITH PARENTS FOLLOWING WHICH THE ADOLESCENT LEAVES HOME VOLUNTARILY OR IS ORDERED TO LEAVE BY ONE OF THE PARENTS, FIGURE PROMINENTLY AS WELL. IT WOULD SEEM THAT AT THIS STAGE OF CONFLICT ALIENATION AND ANOMIE BECOME PERVASIVE CONDITIONS, THE ONLY SOLUTION TO WHICH, IN THE ADOLESCENT'S MIND, IS DEATH.

SERVICES AND FACILITIES

IN COPPERMINE, AS IN MOST NORTHERN COMMUNITIES, THE "FRONT-LINE" WORKERS IN SUICIDAL CRISES ARE MOST OFTEN THE NURSES, SOCIAL WORKERS, AND RCM POLICE OFFICERS. IT WAS THE WRITER'S IMPRESSION, SUPPORTED BY THE NEEDS EXPRESSED BY AGENCY REPRESENTATIVES, THAT THESE PROFESSIONALS ARE INADEQUATELY TRAINED IN PROPER INTERVENTION PROCEDURES, AND ARE CONSEQUENTLY UNPREPARED TO DEAL APPROPRIATELY WITH SUICIDAL ATTEMPTS. THIS COMMENT IS NOT INTENDED TO BE IN ANY WAY CRITICAL OF THEIR INDIVIDUAL AND COLLECTIVE EFFORTS; IT IS SIMPLY A STATEMENT ON THE LEVEL OF PREPAREDNESS OFFERED TO THEM IN THEIR PROFESSIONAL TRAINING.

SUICIDAL CRISES REFLECT A SIGNIFICANT MENTAL HEALTH PROBLEM IN THE INDIVIDUAL, INTERVENTION IN WHICH REQUIRES SPECIALIZED TRAINING IN BOTH DIAGNOSTIC AND THERAPEUTIC PROCEDURES. ALL TOO OFTEN THERE IS NO ONE WITH SUCH TRAINING STATIONED IN THE COMMUNIY, AND TRAINING PROGRAMS DIRECTED SPECIFICALLY TOWARD COMMUNITY INTERVENTION IN SUICIDAL CRISIS HAVE BEEN GENERALLY UNAVAILABLE.

SUCCESSFUL INTERVENTION ALSO REQUIRES A CO-ORDINATED RESPONSE FROM THE VARIOUS AGENCIES WHICH BECOME INVOLVED, AND IN PARTICULAR DEMANDS A CO-OPERATIVE ALLOCATION OF RESOURCES FROM TWO KEY RESOURCES - HEALTH AND SOCIAL SERVICES. UNFORTUNATELY, THE CURRENT ADMINISTRATIVE ARRANGEMENTS AND DIVISION OF RESPONSIBILITY BETWEEN THE TERRITORIAL AND FEDERAL GOVERNMENTS FOR THE DELIVERY OF HEALTH AND SOCIAL SERVICES MAKES SUCH CO-ORDINATION EXCEEDINGLY DIFFICULT TO OBTAIN. WHILE INDIVIDUAL SOCIAL WORKERS AND NURSES, AND OTHER COMMUNITY-BASED PROFESSIONALS, OFTEN CAN AND DO WORK CO-OPERATIVELY TOGETHER, MOST OF THE TIME THESE EFFORTS ARE THE RESULT OF PERSONAL INITIATIVE RATHER THAN BEING IN RESPONSE TO DEPARTMENTAL PROCEDURES.

A CASE IN POINT IS REFLECTED IN THE COMMUNITY'S REQUEST FOR AN INTAKE FORM WHICH COULD BE USED BY ALL AGENCIES INVOLVED IN DEALING WITH SUICIDAL CRISES. WHILE SUCH A FORM WAS PREPARED AND COULD BE MADE AVAILABLE (SEE APPENDIX 2), IT WAS CLEAR THAT IT COULD NOT BE USED UNTIL SUCH TIME AS THERE WAS AGREEMENT ON SUCH ISSUES AS CONFIDENTIALITY AND THE SHARING OF INFORMATION BETWEEN THESE AGENCIES. DIFFICULT AS THIS MAY BE TO OBTAIN, IT IS ESSENTIAL TO A CO-ORDINATED,

COMMUNITY-BASED APPROACH. FURTHER, OBTAINING AGREEMENT ON AN INTAKE FORM IS BUT THE FIRST STEP; IT IS ALSO ESSENTIAL TO OBTAIN AGREEMENT ON CRISIS-INTERVENTION PROCEDURES, AND THIS WILL BE FAR MORE DIFFICULT.

THE AVAILABILITY OF MENTAL HEALTH SERVICES WAS AN ISSUE THAT WAS FREQUENTLY RAISED. IN ITS FOUR YEARS OF OPERATION, PSYCHIATRIC SERVICES OF STANTON YELLOWKNIFE HOSPITAL HAS NOT DEVELOPED A CONSISTENT MANDATE, NOR HAS IT MANAGED TO PROVIDE A CONSISTENT LEVEL OF SERVICE. AS OF THE DATE OF THIS REPORT THERE IS ONLY ONE PSYCHIATRIC SOCIAL WORKER AVAILABLE FROM THIS SERVICE. AT THE FEDERAL LEVEL, THE MACKENZIE ZONE MENTAL HEALTH CO-ORDINATOR'S POSITION HAS BEEN VACANT FOR TWO YEARS. NOT SURPRISINGLY, THE GENERALLY EXPRESSED OPINION IN COPPERMINE WAS THAT THE LEVEL OF MENTAL HEALTH SERVICES CURRENTLY AVAILABLE WAS WOEFULLY INADEQUATE.

THE FACT THAT CONCERNED MEMBERS OF THE COMMUNITY FELT IT NECESSARY TO OPEN THEIR HOUSES TO YOUNG PEOPLE IN DISTRESS SPEAKS TO THE NEED FOR A CRISIS SHELTER OF SOME TYPE. THERE IS NO GROUP HOME, NOR ARE THERE SUFFICIENT NUMBERS OF FOSTER HOMES, IN WHICH TO PLACE CHILDREN AND ADOLESCENTS WHO REQUIRE TEMPORARY CARE AND CUSTODY. NOR IS THERE ANY PLACE OF SHELTER FOR ABUSED WIVES AND BATTERED CHILDREN, NOT UNCOMMON PROBLEMS IN COMMUNITIES WHERE THE INCIDENCE OF ALCOHOL ABUSE AND ASSOCIATED VIOLENCE ARE AS HIGH AS IN COPPERMINE.

THE NURSING STATION'S CAPABILITY TO PROVIDE OBSERVATION AND MONITORING OF SUICIDAL ADOLESCENTS IS VERY LIMITED, NOT JUST BY THE NUMBER OF AVAILABLE BEDS BUT ALSO BY THE FACT THAT THE STATION IS UNDERSTAFFED. CONSEQUENTLY, IT WAS DETERMINED THAT IF OBSERVATION OF A SUICIDAL INDIVIDUAL WAS REQUIRED, THEN IT WOULD BE NECESSARY TO EVACUATE THAT PERSON TO THE REGIONAL HOSPITAL IN YELLOWKNIFE. THE CONSENSUS OF OPINION WAS VERY STRONGLY IN FAVOUR OF DEVELOPING COMMUNITY RESOURCES SO THAT SUCH STEPS WOULD NOT BE NECESSARY.

CONCLUSIONS AND RECOMMENDATIONS

SINCE 1977 THERE HAVE BEEN 109 SUICIDES RECORDED BY THE CORONER'S OFFICE IN THE NORTHWEST TERRITORIES. OF THESE, 55 (50%) HAVE BEEN COMMITTED BY YOUTH BETWEEN THE AGES OF 16 AND 24. ON A YEARLY BASIS, THE PROPORTION OF YOUTH SUICIDES HAS RANGED BETWEEN 33% AND 90%, WITHOUT ANY DETECTABLE INCREASING OR DECREASING TREND. ADOLESCENT SUICIDES (AGES 12 THROUGH 19) ACCOUNT FOR 27% OF ALL RECORDED SUICIDES, WHILE OVERALL THE HIGHEST RISK AGE GROUP APPEARS TO BE THAT BETWEEN THE AGES OF 18 AND 20. INDIVIDUALS IN THIS THREE-YEAR PERIOD OF LATE ADOLESCENCE ACCOUNT FOR 24% OF ALL RECORDED SUICIDES.

ACCURATE FIGURES ON SUICIDE ATTEMPTS ARE UNDERSTANDABLY DIFFICULT TO OBTAIN. HOWEVER, MANY AUTHORITIES HAVE ESTIMATED THAT FOR EVERY SUICIDE THERE ARE APPROXIMATELY 100 ATTEMPTED SUICIDES. USING THIS FIGURE, IT WOULD BE ESTIMATED THAT IN THE NORTHWEST TERRITORIES LAST YEAR (1984) THERE WERE 1500 SUICIDE ATTEMPTS, OF WHICH 800 WERE COMMITTED BY YOUTH. THE PEOPLE OF COPPERMINE HAVE FELT THE IMPACT OF THIS HIGH-INCIDENCE MENTAL HEALTH PROBLEM.

IF EVER THERE WERE A PROBLEM THAT REQUIRES AN INTER-DISCIPLINARY APPROACH, THEN THAT PROBLEM IS SUICIDE. NO SINGLE PROFESSION HAS THE KNOWLEDGE, SKILL OR TRAINING IN THE BROAD DOMAIN OF PSYCHO-SOCIAL DYNAMICS TO ADEQUATELY ASSESS AND TREAT THE SUICIDAL INDIVIDUAL. SUICIDE DEMANDS THE CO-OPERATIVE INTERVENTION OF HEALTH, SOCIAL SCIENCES, AND EDUCATIONAL PROFESSIONALS. FURTHER, SUCCESSFUL INTERVENTION DEMANDS AS WELL THE CO-OPERATIVE INVOLVEMENT OF THE COMMUNITY AT LARGE, SINCE IT IS WITHIN THE COMMUNITY THAT THE SUICIDAL INDIVIDUAL MUST ULTIMATELY FIND HIS OR HER SOURCES OF SUPPORT.

RECOMMENDATION 1

THAT A COMMON PROCEDURE FOR INTERVENING IN SUICIDAL CRISES BE AGREED UPON BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND HEALTH AND WELFARE CANADA, AND THAT OTHER AGENCIES AND INDIVIDUALS INVOLVED IN SUICIDE INTERVENTION BE ENCOURAGED TO FOLLOW THESE PROCEDURES AS WELL.

AT A MINIMUM THESE PROCEDURES SHOULD INCLUDE COMMON INFORMATION -GATHERING AND INFORMATION-SHARING PROTOCOLS, AND SHOULD INCORPORATE AS WELL A STANDARDIZED PROCEDURE FOR CRISIS INTERVENTION. ATTENTION SHOULD ALSO BE DIRECTED TOWARD DEVELOPING AN INTEGRATED AND CO-OPERATIVE APPROACH TO SUBSEQUENT COUNSELLING AND FOLLOW-UP PROCEDURES, WHICH FULLY UTILIZES EXISTING COMMUNITY RESOURCES AND CONCERNED CITIZENS.

RECOMMENDATION 2

THAT A MULTI-PURPOSE RESIDENTIAL FACILITY BE DEVELOPED AS A RESOURCE FOR COMMUNITY-BASED INTERVENTION IN PERSONAL AND FAMILY CRISES.

FROM A PRACTICAL PERSPECTIVE BOTH AGENCY REPRESENTATIVES AND MEMBERS OF THE COMMITTEE OF CONCERNED CITIZENS FELT THAT A FACILITY BASED ON A GROUP HOME MODEL WOULD BE MOST APPROPRIATE FOR MEETING EXISTING COMMUNITY NEEDS. IDEALLY, SUCH A FACILITY SHOULD BE OPERATED BY THE COMMUNITY, WITH SUPPORT AND GUIDANCE FROM THE VARIOUS AGENCIES ALREADY PRESENT.

RECOMMENDATION 3

THAT A TRAINING PROGRAM BE DEVELOPED TO ADDRESS THE COMMUNITY NEED FOR MORE PEOPLE WITH CRISIS INTERVENTION AND COUNSELLING SKILLS.

SUCH A PROGRAM SHOULD HAVE BOTH SHORT- AND LONG-TERM GOALS. IN THE SHORT TERM, EXISTING AGENCY PERSONNEL EXPRESS THE NEED FOR MORE TRAINING IN COUNSELLING SKILLS, AND FOR EASIER ACCESS TO OUTSIDE RESOURCES. IN THE LONG TERM IT WAS GENERALLY AGREED THAT THE DEVELOPMENT OF COMMUNITY-BASED MENTAL HEALTH WORKERS IS ABSOLUTELY NECESSARY.

RECOMMENDATION 4

THAT A CONCERTED EFFORT BE MADE TO INCREASE THE LEVEL OF ALCOHOL AWARENESS AND ALCOHOL EDUCATION IN THE COMMUNITY, WITH ALCOHOL EDUCATION BECOMING A MANDATORY PART OF THE PRIMARY SCHOOL CURRICULUM.

THE VIEW EXPRESSED IN COPPERMINE WAS THAT THE COMMUNITY AT LARGE NEEDED TO BE MADE MORE AWARE OF THE SOCIAL AND PSYCHOLOGICAL CONSEQUENCES OF ALCOHOL USE AND ABUSE. IT WAS ALSO EXPRESSED THAT SUCH ENDEAVOURS OFTEN FALL UPON "DEAF EARS", AND THAT IN THE LONG TERM THE REAL ONLY HOPE IS TO DEVELOP DIFFERENT ATTITUDES TOWARD ALCOHOL IN THE NEXT GENERATION. THE SCHOOL WAS SEEN AS THE MOST APPROPRIATE PLACE FOR THIS.

RECOMMENDATION 5

THAT THE PROBLEM OF ADOLESCENT SUICIDE IN COPPERMINE BE BROUGHT TO THE ATTENTION OF THE MINISTER OF HEALTH AND SOCIAL SERVICES' COMMITTEE ON SPECIALIZED YOUTH INITIATIVES.

THE COMMUNITY WAS AWARE THAT ADOLESCENT SUICIDE IS NOT JUST A SIGNIFICANT PROBLEM IN COPPERMINE, AND THAT THE CONTRIBUTING FACTORS WHICH HAVE BEEN IDENTIFIED OCCUR THROUGHOUT THE NORTH. IN VIEW OF THE APPARENT EXTENT OF THE PROBLEM IT WAS FELT THAT TERRITORIAL INITIATIVES WERE WARRANTED IN ORDER THAT OTHER COMMUNITIES MIGHT AVOID THE SUFFERING EXPERIENCED IN COPPERMINE.

****

APPENDIX 1

Northwest Territories Kitikmeot Region

DEX

Cambridge Bay, N.W.T.
X0E 0C0

December 21, 1984

JN 07 1985

Mr. Blair Dunbar
Assistant Deputy Minister
Department of Social Services
Government of the N.W.T.
YELLOWKNIFE, N.W.T.
X1A 2L9

Attention: Andy Langford, Consultant
Special Services

Re: Training and Consultation Assistance to Inter-Agency Personnel and Committee of Concerned Citizens - Coppermine.

The purpose of this letter is to confirm the results of our discussions today concerning the training and consultation assistance, which you have agreed to provide to existing helping agencies in Coppermine.

	ITEM	ACTION	BY WHOM	BY WHEN
1.	Development of an intake form to permit consistent recording of basic data on clients who are deemed to be "suicide risks".	Development of basic intake form for review and possible implementation by helping agencies in Coppermine January 2,3.	Andy Langford	January 2,3
2.	Case consultation	Provide advice to agency personnel in Coppermine on how to approach serious mental health emergencies brought to the attention of the Nurse, Social Worker, R.C.M.P., Alcohol Counsellors, Clergy etc.	Andy Langford	On-going
3.	Training assistance	Develop and deliver a training seminar for Coppermine helping agencies on crisis intervention with persons depressed and/or "at risk" of committing suicide.	Andy Langford	January 2,3

Page 2.....

	ITEM	ACTION	BY WHOM	BY WHEN
4.	Public awareness program for community residents.	Assist Coppermine helping agencies to identify resources required to deliver a public awareness program to community residents.	Andy Langford	January 2,3

Thank you for your assistance to the Kitikmeot Region and the community of Coppermine during the present crisis.

Bob Cowcill
Regional Director

cc: Ernie Bernhardt, Supervisor
Department of Social Services
COPPERMINE, N.W.T.

APPENDIX 2

ATTEMPTED SUICIDE REPORT

THIS CONFIDENTIAL CLINICAL RECORD IS FOR AUTHORIZED PERSONNEL ONLY

1 HCP#:_____

2 DATE OF BIRTH:_____
DAY/MONTH/YEAR

3 COMMUNITY:_____

4 DATE OF ATTEMPT:_____
DAY/MONTH/YEAR

5 TIME OF ATTEMPT:_____AM/PM

6 BY WHOM WAS ATTEMPT DISCOVERED (CHECK ONLY ONE)

0 ☐ SELF-REPORTED
1 ☐ FAMILY/RELATIVES
2 ☐ FRIEND
3 ☐ TEACHER/EMPLOYER
4 ☐ OTHER:_____

7 WHERE DID ATTEMPT TAKE PLACE (CHECK ONLY ONE)

0 ☐ UNKNOWN
1 ☐ AT HOME
2 ☐ RELATIVE'S/FRIENDS'S HOME
3 ☐ SCHOOL/WORK
4 ☐ OTHER:_____

8 TO WHOM WAS THE ATTEMPT REPORTED (CHECK ALL THAT APPLY)

0 ☐ NO ONE
1 ☐ PARENT'S/RELATIVES
2 ☐ NURSE/DOCTOR
3 ☐ RCMP
4 ☐ SOCIAL SERVICES
5 ☐ OTHER:_____

9 WHAT WAS THE METHOD USED (CHECK ALL THAT APPLY)

0 ☐ UNKNOWN
1 ☐ OVERDOSE OF _____
2 ☐ GUNSHOT
3 ☐ STABBING/SLASHING
4 ☐ HANGING
5 ☐ OTHER:_____

10 WHAT FACTOR LED TO THE ATTEMPT (CHECK ONLY ONE)

0 ☐ UNKNOWN
1 ☐ ARGUMENT WITH PARENTS
2 ☐ ARGUMENT WITH SPOUSE
3 ☐ ARGUMENT WITH BOY- OR GIRLFRIEND
4 ☐ SCHOOL/EMPLOYMENT PROBLEM
5 ☐ MEDICAL PROBLEM
6 ☐ OTHER:_____

11 WHAT IMMEDIATE ACTION WAS TAKEN (CHECK ALL THAT APPLY)

0 ☐ NONE
1 ☐ MEDICAL TREATMENT/OBSERVATION
2 ☐ FAMILY/SOCIAL ASSESSMENT
3 ☐ COUNSELLING
4 ☐ REFERRAL TO MENTAL HEALTH
5 ☐ OTHER:_____

12 WAS ALCOHOL INVOLVED

0 ☐ DON'T KNOW
1 ☐ YES
2 ☐ NO

13 KNOWN PREVIOUS ATTEMPTS

0 ☐ NO
1 ☐ YES HOW MANY?_____

_____
(PERSON COMPLETING THIS FORM)

_____
(DATE)

Northwest Territories Health

Government of the Northwest Territories
Family Life Education
Brief to the Task Force on Spousal Assault

Spousal assault and other forms of family violence are recognized as symptoms of a dysfunctional family. Under the General Systems theory, the whole family is identified as a focus for help, rather than only the abuser and the victim.

For example the "W5" program of November 25, 1984, detailed a spousal assault recovery program in Guelph, Ontario. Batterers and their wives were involved in therapy, but a good deal of emphasis was placed on a Group Therapy program for their children, to assist them in recognizing and working out their emotions related to the violence between their parents. In this program the children were taught constructive ways of channeling their anger. It was clearly stated that this approach was intended to break the cycle of generational abuse. The program indicated that 80% of persons involved in a violent relationship had either witnessed violence between their own parents, or had been victims of abuse themselves as children.

Spousal assault is only one form of family violence, and statistics such as the foregoing often show a direct correlation between wife battering and child abuse. The notion of early interference in the family pattern has become widely accepted in recent years and the most obvious vehicle for this intervention is the school.

School Curriculum

The NWT School Health curriculum currently being developed will include such topics as reproductive biology and sexuality, as well as interpersonal relationships and communication skills. When complete, it will provide cognitive knowledge in the areas of reproductive health and sexuality, and effective learning in the areas of personal values and responsibility. The topic of Family Violence will be dealt with in the program.

The aim is to graduate well informed, decisive and assertive young people who are comfortable with their own bodies, and responsive to their own needs and the needs of their partners. They will thus be well prepared to make choices to avoid the cycle of violence, which is so often characterized by poor sexual relationships, lack of communication, and ignorance of any other way of life.

This curriculum will require extensive introduction and in-service to teaching staff so that they can become comfortable with the subject matter and concepts, and are able to deliver it in a non-judgmental manner.

To date reproductive biology has been taught incidentally in Science or Health, but generally from the "nuts and bolts" angle, without much emphasis on social issues, such as with whom to do this mating and how to choose that person. The scope of material, the sensitivity with which it was approached, and whether it was in fact taught or not varied according to the individual teacher, principal, and school advisory body, and was subject to change from year to year. Teaching resources have been limited and teachers have been left to their own devices in obtaining relevant materials.

Traditionally parents' acceptance of sexual information in schools is based less on the subject matter than on their opinion of the presenter.

Careful community preparation and inservice would help identify curriculum presenters who are seen as mature individuals, experienced and respected within the community, capable of exploring value-laden topics within the context of cultural traditions.

Other Sources

The aim of Family Life Education is to preserve the family as the prime unit of our society, and to teach skills to enable individuals to create stable and healthy relationships within that framework. Recognizing a need for such a program, GNWT Health employed a Co-ordinator of Family Life Education on a 3-year term, under a funding package from the Family Planning Division of Health and Welfare Canada in 1980. She conducted workshops, aided in designing a sex and sexuality curriculum for junior high level and participated in health promotions regarding teen pregnancy, sexually transmitted diseases, etc.

At the end of the grant period the position was terminated. After being vacant for nearly a year the position was re-staffed on a term basis through GNWT Health. The current Co-ordinator is doing classroom instruction at Grade 6 to 12 levels, workshops for teachers and health professionals, and will be consulting on the development of the Family Life portion of the GNWT Health Curriculum.

The results of these workshops and classroom efforts have been positive thus far, but are hampered by the obvious limitations of one person serving 60 communities.

Public Health Nurses also are often asked to present family life subjects in schools. In some larger centres (e.g., Fort Smith) this is working out quite well and they are delivering a fairly comprehensive program. In smaller communities there are fewer nurses to choose from (and not all are comfortable in a classroom, or teaching these subjects). Nursing Station staff are subject to emergencies on top of their heavy caseload, and can often teach a couple of classes on a "when-available" basis, but they cannot be expected to deliver a continuing program. Some personal counselling, and public presentations may be done, but this again depends on the individual nurse and the other demands placed on her.

Pamphlets and other materials are often available at the nursing station or public health centres. However, as sexuality and related issues are value-laden, people respond better to personalized instruction with discussion and review than to the use of printed materials alone.

Recommendations re: The Prevention of Family Violence

(1) The School Health curriculum will provide both vehicle and opportunity for altering the cycle of violence. However it will require tremendous effort in terms of public acceptance, professional inservice and program implementation. The value of such a program must be given much emphasis.

(2) Public information campaigns should be mounted to stir the public conscience on what otherwise will remain a closet issue, to create awareness of the cycle of violence and the longterm effects on families and individuals. This will create public support for the inclusion of family life topics in the school curriculum.

The Society Against Family Abuse, and similar volunteer agencies should be recognized and nurtured. These groups assist social agencies in the provision of crisis counselling and support of victims of violence and their families. Additionally, through media and lobbying, they give public support to the belief that family violence is not acceptable in the N.W.T.

(3) Continuing inservice education for health professionals, Social Service workers and RCMP must be stressed. Since they provide official intervention in the cycle of family violence, they will be identified as support agencies, and invited to participate in the school program to explain their roles so that the two efforts will support and complement each other.

Improvement of services to victims and families will come about in increments related to the knowledge and skill of the professionals involved.

In conclusion, it is vitally important that the value of the family be upheld and augmented by all efforts to "cure" the problem of family violence. Although current and future efforts to assist and change persons currently involved in domestic abuse are of major importance, the fact remains that in order to effect a lasting change in our society, we must prepare the next generation. The School Health Program will provide our greatest opportunity for impact on the cycle of family violence.

Prepared by:

Barbara Round
Co-ordinator,
Family Life Education

BR/bm

GOVERNMENT OF THE NORTHWEST TERRITORIES
SCHOOL HEALTH PROGRAM

BRIEF FOR TASK FORCE ON SPOUSAL ASSAULT

Much public concern for family violence has been indicated recently in the activities of such agencies as the Society Against Family Abuse and the Task Force on Spousal Assault. It appears that such agencies have so far focused their attention on crisis intervention, or providing assistance to the victims of family violence. This is as it should be. The immediate needs of victims are obvious and humanely compelling. However, it is also obvious that crisis intervention does little to change the basic causes of violence and thus to prevent future occurrences of family abuse. Sooner or later prevention must be considered; and when it is, the role which education is to play will be a primary consideration. Consequently, it would seem appropriate that the Task Force on Spousal Assault be made aware of current health promotion activities in education which relate to the problem of family violence.

The School Health Program is one such current activity. In August, 1983, the Health Promotion Section of the Territorial Department of Health, with funding from the Federal Health Directorate, began work on a health education curriculum for all grades and all schools in the N.W.T. Also, in 1983, the G.N.W.T. Departments of Education and Social Services funded programs for curriculum development in the area of alcohol and other drugs. Since alcohol and other drugs is one of the areas in health education, the Territorial Departments of Health, Social Services and Education joined forces in developing a health curriculum in the two areas of alcohol and other drugs and mental and emotional well-being.

Although the use of alcohol and other drugs is clearly related to family violence, the promotion of mental health is of greater significance in the prevention of family violence. Therefore, this submission will focus on the basic approach and the intended results of the curriculum materials in the mental health area.

School Health Program staff believe, and experts generally agree, that many of the causal factors for most socially unacceptable behavior, including chemical abuse and family violence, are the same. These factors include:

a. low self-esteem
b. inability to form healthy relationships
c. inability to cope with stress
d. influence of inappropriate role models
e. poor decision-making skills
f. poor communication skills
g. peer pressure.

...2

- 2 -

The mental health materials presently being developed in the Territorial Government's School Health Program are organized around four topics:

1. self-awareness
2. relationships
3. decision-making
4. coping.

Considerable overlap exists among these four topics, so that the foregoing causal factors are dealt with under all four of them to varying degrees.

For example, in the section on self-awareness, the first activity in the first lesson for kindergarten students has the teacher telling the students that each of them is someone special; and this concept of being "special", or a unique and worthwhile individual, is reinforced with a variety of specific learning activities throughout the curriculum as a means of fostering a healthy level of self-esteem. It is, of course, a truism that respect for other human beings begins with respect for oneself. The person who possesses a high level of self-respect is not likely to assault a spouse or anyone else.

Another important aspect of self-awareness is emotions, or feelings. Most violence is accompanied by the emotion of anger. The mental health materials being developed teach that all feelings, including anger, are natural and should be identified, accepted and expressed. Students learn specific methods of appropiately expressing anger, with the general guideline that any means is appropriate if it does not hurt oneself, others, or damage property.

Similarly, in the section on relationships, specific skills are learned and attitudes inculcated which are beneficial in establishing and maintaining healthy relationships. Students are led to an examination of the qualities which they and others bring to friendship, their responsibilities as family members, and the influence of the peer group and others in forming personal values. The underlying theory is that skills and attitudes can be learned which permit a person to relate to others with kindness and sensitivity rather than with violence.

In the area of decision-making, students learn specific processes for identifying problems, considering alternative solutions and evaluating the results of a decision after it is made. Self-responsibility for making decisions is emphasized; however, the student is encouraged to maintain self-esteem when mistakes are made by forgiving him/herself. Another important aspect of decision-making which is included in the

...3

curriculum is identifying one's own values and considering them in the decision-making process. Knowing one's values and adhering to them is, of course, an additional support to self-esteem and a deterrent to violence.

The curriculum materials on coping or stress management deal with the recognition of the physical and psychological symptoms of stress and offers specific methods for reducing stress or using stress constructively. Again, the appropriate expression of anger and hostility is considered. The relevance of such learning materials to family violence is self-evident.

In the development of these curriculum materials on mental and emotional well-being, the best curricula throughout Canada and the United States are being used as reference points. Also, a needs assessment which included over three thousand responses to questionnaires and interviews and an epidemiological study of disease prevelance in the N.W.T. help insure that the material is relevant to the people of the Territories.

The mental health curriculum being developed in the School Health Program will be pilot-tested, along with the component on alcohol and other drugs, beginning in January, 1985. Implementation in all classrooms will follow in September, 1985. The remainder of the health education curriculum, including a component on family life, is scheduled for implementation early in 1987. The family-life component will deal primarily with human sexuality but will include units on spousal assault, child abuse and family violence generally.

The availability of high-quality curriculum materials does not ensure effective use. The curriculum faces much competition from a number of areas, such as teachers wanting to focus on academic subjects, teachers not feeling qualified to teach the subject matter and the sensitivity of the subject area. Maximum benefit of the curriculum can be achieved through extensive and well-designed inservice training program for teachers prior to implementation and continued maintenance of curriculum afterward.

The activities of such agencies as the Task Force on Spousal Assault and the Society against Family Abuse have already been a great service to the Territorial Government's School Health Program. Such activities focus public attention on the need for a health education curriculum more effectively than the usual public information methods ever could.

Therefore, it is the recommendation of the G.N.W.T.'s School Health Program staff that the Task Force on Spousal Assault consciously and deliberately encourage the support of preventive education by every means possible.

Dear Friend;

May you find some of the peace and joy we have found in meeting the reality of life's ups and downs with a clear head and a steady heart. But whatever trail you travel, along with us or on your own, you go with our strongest good wishes.

Yours in Friendship;

Sappujjijit

Sappujjijit Friendship Centre
ᐃᓇᓪᓕᖅᑐᑦ ᓄᓇᕗᒻᒥᒃ ᓂᕆᔨᒃᑯᑦ

BOX 58
RANKIN INLET, N.W.T.
X0C 0G0

Drop in anytime for coffee. We are open to answer any questions on our programs and also to help you with any problems that you may have.

SPOUSAL ASSAULT
TASK FORCE REPORT

Sappujjijit Friendship Centre

BOX 58, RANKIN INLET, N.W.T.
X0C - 0G0 CANADA
PH: 645 - 2488
OR
645 - 2800
AREA CODE: 819

OBJECTIVES

1. To encourage the development of cross-cultural understanding and awareness between native and non-native people.
2. To support and sponsor the development of individual learning, Community groups, training programs and make work projects.
3. To develop and sponsor an Alcohol Awareness Program for people of Rankin Inlet.
4. To encourage through programs in response to Community needs self-reliance, independence and responsibility.
5. To develop leadership within the community.

INCORPORATION

"The Sappujjijit Friendship Centre" is a benovolent, non-profit, non political organization, governed by the Societies Ordinance of the N.W.T. of Canada since 1979.

STRUCTURE

Presently there are 8 seats on the Board of Directors. These Directors are elected every year during the Annual General Assembly. The Board consist of;

John Towtoogie - Chairman
Leonie Kappi - Vice Chairperson
Catherine Tudlik - Sec./Treasurer
Jack Kabvitok - Board member
Simon Twyee - Board member
Monica Bruce - Board member
Marianne Taparti - Board member
Theresa Noolook - Board member

STRUCTURE cont.

The staffs are;

Bill Gavor - Director/Facilitor
Phillip Noolook - Councillor
Emily Nakoolak - Councillor/Trainee
Edward Kabluitok- Project Co-ordinator

ACCESS

The Sappujjijit Friendship Centre is open from 9:00 a.m. to 5:00 p.m. as a drop in centre for the public and an administrative centre for the Centre's various projects with in the community.

It also services in the evenings as a meeting place for other community groups who need space such as A.A. and Social Services Appeal Committee.

Emergency and crisis councillor are available around the clock at the following numbers;

Week days 9:00 - 5:00 - Phone-
819-645-2600

Week ends and after office hours;
Phone-
819-645-2606
819-645-2958
819-645-2696

SAPPUJJIJIT FRIENDSHIP PROGRAMS

a. Referral Services
b. Alcohol Programs
c. Home visits for the disabled
d. Employment Councilling
e. Information Services
f. Income Tax Services
g. Councilling
h. Billiting Highschool Students
i. Travel assistance & arrngements
j. Drop-in
k. Film Days
l. Summer Day Camps
m. Camping
n. Recreation Program
   broomball
   basketball
   volleyball
   sqare dance
   teen dance
   winter games
o. Social Events

BRIEF FROM THE SOCIETY AGAINST FAMILY ABUSE, NWT

Elizabeth Thomas

Elizabeth Thomas,
Chair,
S.A.F.A. Board of Directors

February 18, 1987

BRIEF FROM THE SOCIETY AGAINST FAMILY ABUSE, NWT

Honourable Richard Nerysoo, Ministers, Honourable Members; you are aware as is the Society Against Family Abuse that violence in the family is a serious problem. Your concern is evidenced by the establishment of the NWT Task Force on Spousal Assault.

As a result of the concerns of groups such as the Women's Support Group, the Transition House Committee and others, our organization was incorporated in the NWT last year with some very specific objectives.in mind.

1. to work toward the establishment of transition and safe houses in the NWT;
2. to assist communities in the identification of their needs and to assist in the development and provision of programs and provision of programs and information to meet those needs; and
3. to work with whatever body you decide to establish as a result of the report and recommendations from the Task Force on Spousal Assault.

During February 1984, one year ago this month, nine women and seven children fleeing from violent situations sought emergency counselling and shelter in Yellowknife. Four of these women were from Yellowknife, the other five were from four other communities across the Northwest Territories. All of these women bore visible injuries - bruises, black eyes, knuckle marks, hair pulled out - and perhaps more important, were all emotionally distraught and desperate for a safe shelter.

.../2

These women and children were seen by volunteer counsellors of the "Transition House Committee" and the Women's Support Group and were referred to such helping agencies such as Family Counselling, Mental Health, Social Services and Legal Aid. A common need of these women and children was appropriate shelter, support program and long term available housing.

We wish we could tell you that conditions have improved, that the number of women fleeing from family violence has declined and that the appropriate shelter alternatives have increased but that does not appear to be the case.

Just as last February was worse than the one before, there is every reason to expect that this February 1985 will be the worst yet with regard at least to the housing available to these families.

Background

For a number of years limited emergency shelter has been provided by the Young Women's Christian Association in Yellowknife. Communities such as Cambridge Bay and Fort Smith are examples of small communities who are also providing, with little or no government assistance at this time emergency shelter or a temporary safe refuge. The Salvation Army has assisted in emergency space in Yellowknife and in addition, here in Yellowknife as in other communities, concerned citizens continue to open their homes to shelter women and children seeking safety from violence. This support is very minimal and does not begin to meet the real long term needs of either the victims or the abusers. Volunteer crisis intervenors are available in Yellowknife to provide basic counselling to victims however professional services are overloaded and victims needs cannot be adequately met.

Example of the kinds of situations that are happening are as follow:

1. A woman and her daughter moved to Yellowknife in June 1984 to escape a violent home in another community. They lived in a tent for the summer. When the weather turned cold, the woman worked at three part-time jobs to pay for her daughter to stay 24 hours in a local childcare centres. The woman slept where ever she could, and eventually her health began to deteriorate. She never did find housing. She moved south in November.

2. A Yellowknife woman continues to live with her husband in a violent situation. She has no children and therefore, does qualify for low-cost housing. Her name is on every waiting list in the city. She cannot find accommodation in a private home because of the fear that her husband may harass her and anyone she lives with. Her current apartment is leased by her husband's employer but the contents are hers. If she is unable to find alternative accommodation she will be forced to leave Yellowknife.

   Another young woman with four children shares a trailer and a violent home with her common-law spouse. She has a grade 8 education and no family except her widowed mother. The woman is on all waiting lists for low-cost housing and apartments. Because she has nowhere to go, she continues to live in an abusive situation while she waits for a vacancy.

4. One Yellowknife woman in an abusive situation contacted a counsellor to see whether her name could be moved up on apartment lists. Her common-law spouse was abusing alcohol and the woman considered her situation to be desperate. The counsellor and the woman contacted facility maintainers throughout the city. After two months one landlord offered the woman an apartment as he considered her case to be an "emergency". The woman is now attempting to help her spouse deal with his problems.

This latter situation illustrates that the problems of family violence can be alleviated if some form of support system is available in communities. These case studies do not illustrate the situations being dealt with in the communities outside Yellowknife. Women from other communities have been referred to Yellowknife for assistance, but clearly this is not the answer. Without long term housing and available support services in Yellowknife or the individual community, victims have had no choice but to return to their home community and to the situation which they were seeking shelter from.

Conclusion

Various organizations and concerned northerners have not been able to access emergency housing or alternate housing for the victims of family violence largely because of the chronic housing shortage. As outlined in the case studies there is little hope for families seeking shelter unless there is an improvement in the housing situation in the N.W.T. The Society Against Family Abuse (S.A.F.A.) and it's members and friends in the N.W.T. communities are asking for your attention to the recommendations we offer.

Recommendations

1. There is an immediate need to establish "safe" houses for victims of family abuse. SAFA feels that these centres should be located regionally including Yellowknife, in order to provide comprehensive services to victims of family abuse. It is intended that proposals will be made to the appropriate government agencies once the Task Force on Spousal Assault releases it's report and recommendations.

2. Priority access to existing low-rent housing should be given to victims of family abuse. An information/education program would help to build community support for this concept. Landlords have offered assistance in the past once they became aware of the problem.

3. As part of a long-term solution to the problem of family violence in the NWT, more affordable housing should be made available to all residents. Measures such as subsidies to builders and new home-buyers would take pressure off rental markets. Increased availability of land for housing projects would help to bring housing costs down. Any improvement in overcrowded and expensive living conditions may assist in decreasing family violence in the N.W.T.

The members and friends of the Society Against Family Abuse (SAFA) thank you for this opportunity to make this presentation and outline our specific concerns to you. We ask you to seriously consider the unmet needs and to support all efforts to eliminate and prevent family violence.

Thank you.

SOCIETY AGAINST FAMILY ABUSE (S.A.F.A.)
c/o P.O. Box 2580 (Mental Health NWT)
YELLOWKNIFE, NWT X1A 2P9

BOARD OF DIRECTORS (Elected Members)

~~Sharon Bailey~~ ~~Apt. 405 Box 104 NWT~~	Treasurer	~~Office 873-5931~~ ~~Home 920-2777~~
Birgit Ballantyne Box 2441, YK		Office 873-7262 Home 873-5232
Kathy Carriére Box 332, Hay River X0E 0R0	Hay River	874-3515
Joan Hanley Box 1454, YK or Internal Mail Box 608 c/o Receiving Home.		Office 873-2163 Home 873-6194
Jo MacQuarrie Box 2077, YK		Office 920-8191 Home 873-2019
Wade McLain 304 - 4904 - 54 Ave. YK	Secretary	Office 920-8773 Home 873-4358
Laurie Nowakowski Box 1086 c/o NWT Dept. Justice & Public Service, YK		Office 873-7468 Home 873-3290
Lynn Saunders 400 Byrne Rd. YK	Vice-Chairperson	Office 873-5386 Home 920-4088
Sister Sutherland Catholic Education Centre Fort Smith	Fort Smith	872-2378
Elizabeth Thomas Gen. Del. YK	Chairperson	Office 920-8575 Home 873-2493

SAFA ADVISORY MEMBERS TO THE BOARD

Pat Kokesch R.C.M.P.	920-8311 Office
Donna Dupuis Family Counselling Services	920-4846 Office
Violet Erasmus Native Womens Association	873-5509 Office
Jude Lalanne Mental Health Association	873-3190 Office
Eya Lewycky Y.W.C.A.	920-2777 Office
Barbara Round NWT Health	920- 8758 Office
Bronwyn Watters NWT Social Services	873-7119 Office

SOCIETY AGAINST FAMILY ABUSE (S.A.F.A.)
C/O P.O. Box 2580 (Mental Health NWT)
Yellowknife, N.W.T., X1A 2P9

January 10, 1985.

OBJECTIVES

A. Yellowknife based
B. Territorially based

BASED ON THE PRIMARY PURPOSE OF S.A.F.A. to support and protect families by decreasing and preventing family violence in order of priority and recognizing ONE major task at a time, SAFA's major goal and objective for 1985-86 is:

A. TO ENSURE THE ESTABLISHMENT OF A FACILITY SUITABLE AS A SAFE HOUSE IN YELLOWKNIFE, SO THAT A SAFE ENVIRONMENT, SHELTER AND/OR SUPPORT SERVICE CAN BE PROVIDED FOR WOMEN (with or without children), WHO MAY BE IN ABUSIVE SITUATIONS AND POSSIBLY IN TRANSITION FROM THEIR COMMUNITY AND/OR ABUSIVE SITUATION;

BY:
a) exhausting all housing possibilities in Yellowknife from all sources;
b) fund raising;
c) submitting proposals to funding sources for
   i) facility costs
   ii) staffing
   iii) program expenses
d) lobbying all government funding sources, and
e) liaising and co-operating with the N.W.T. Task Force on Spousal Assault.

NOTE The objectives of the transition house would include:

1) that each individual receives help in accordance with their individual needs;
2) that provision of a refuge including accommodation, food, clothing, and other necessities on an emergency basis is provided;
3) that crisis counselling and on-going counselling is available so that a woman may gain a perspective on her situation and consider alternatives and options;
4) that practical help and information is available from all sources so that the woman may make realistic plans about her future and;
5) that referrals to assist the woman in utilizing all existing services, are available.

NOTE Once the facility is obtained, the infrastructure of management, administration, and staffing would be the next objective and would include requirements for an Administrator reporting to the Board of the organization operating the transition house(s), other staff such as fulltime crisis counselling and/or house-mother, job descriptions, salaries, terms and conditions of employment, etc., renovations if required, furnishings, insurance, security arrangements, on-going funding.

B. ADDRESSING THE NEEDS OF NWT FAMILIES IN ABUSIVE SITUATIONS IN THEIR OWN COMMUNITY;

BY:
a) co-ordination/liaison with NWT Task Force Spousal Assault;
b) assisting and strengthening co-ordination of existing service agencies and communities;

c) identifying, together with other individual communities, service agencies available, as well as any gaps in services and assisting and/or encouraging the expansion of existing services and/or development of new programs to fill those gaps, e.g. Programs for Batterers;

d) advocating improvement to services where necessary and as identified by the community;

e) acting as a resource group for counsellor training in co-operation with existing agencies and/or other organizations;

f) providing information for community and/or professional groups, organizations, community groups and any agency on the problem of family violence and the needs of the individuals;

g) liaising with similar groups across Canada and disseminating and promoting that information across the N.W.T.

NOTE Each one of these items may require separate funding proposals, committee groups as well as focussed lobbying and become on-going objectives of SAFA.

Moved by Laurie Nowakowski and Seconded by Lynn Saunders that these objectives be accepted. Carried.

B R I E F

FAMILY ABUSE IN HAY RIVER

Identification and Extent of Problem

PRESENTED TO: Task Force on Spousal Abuse
November 14, 1984

SUBMITTED BY: Steering Committee on Family Abuse

PUBLIC MEETING ON FAMILY ABUSE
HAY RIVER, N.W.T.

DATE: October 29, 1984

PLACE: Ptarmigan Inn Banquet Room

OBJECTIVE AND BACKGROUND:

This public meeting was called in response to a meeting held earlier in the month with a representative of S.A.F.A. out of Yellowknife. It was decided that there needed to be more input from community residents of Hay River in order to determine the direction that might be taken in dealing with this issue.

The objective of the meeting was to determine the following:

- The extent of the problem of abuse in Hay River and indication of the problem area
  - against women
    children
    elderly

  and the form of abuse
  - mental
  - physical
  - sexual
- having determined extent of the problem was there a need for action
- What form should action take.

To this end the meeting was arranged in such a way that the agencies and/or services would provide an overview of the issue from their perspective, as well as provide any statistics that might be relevent.
The 4 agencies present were:

1.. R.C.M.P.: Constable Tucker
2. SOCIAL SERVICES: Frank Vojeck
3. HOSPITAL: Vicki Latour
4. SCHOOL: Ann Buckerfield, Principal

The meeting was set up in a workshop format and the 40 some participant divided themselves into groups of 6 to 8 people and addressed the objectives as outlined above.

SUMMARY STATEMENTS

EXTENT OF PROBLEM

Social Services - Gov't. of the N.W.T.

Social Services wxpressed that they were aware a problem existed however they had very few statistics to draw on and even less in the way of support services. The agency could offer some'crisis" support in the way of financial aid.

Social Workers were unable to provide intensive family counselling due to lack of training in the area, excessive workloads in other areas such as financial assistance and probation and general shortage of resources. Unlike southern counterparts the north is short of alternate volunteer and private support systems.

Of special interest were comments made regarding the way the Department of Health and Social Services is perceived; that is one of a 'welfare' role. This could have implications in the way individuals might approach the agency now and in the future.

AREA SUPERINTENDENT VOJECK WAS CONFIDENT THAT ABUSE OF CHILDREN, WOMEN AND ELDERLY WAS A PROBLEM.

R.C.M.P.

It appeared from the scant figures presented on those assaults reported to the detachment in Hay River that, as the officer noted, this is the last place people come to. Out of 8 reported assualts since May, 7 involved women and only 1 was being taken to Court. It was unclear as to why there was such a low rate of the latter.

The implications of the attitudes that may prevail towards this agency and the subsequent legal proceedings might prove this to be an inadaquate source of firm data to determine the extent of any abuse problems. 'Family-abuse' as opposed to 'criminal 'activities may be seen separate and distinct.

It was felt by some that many people were very ignorant of recourse under the law that might insure security of person.

THE R.C.M.P. REPRESENTATIVE WAS CONFIDENT A PROBLEM EXISTED, AND WAS EQUALLY CONFIDENT THAT HIS AGENCY DID NOT KNOW THE EXTENT OF THE PROBLEM LOCALLY.

Summary Statements Cont'd.

Hospital Services

The Head of the Medical Staff was unavailable however he did provide the figure that

> 50% of complaints coming into the hospital in the evening before 10 p.m. dealt with assaults or abuse of women.

Schools

Princip Anne Buckerfield described some of the problems in measurinbg the extent of abuse against children. She suggested that a lack of a clear definition as to what was 'child abuse' was an initial barrier. Further there was little literature or training available to assist educators in recognizing the signs of abuse. Once a problem had been identified it was unclear what each agencies area of responsibility was, and then what followup could or should be employed.

Workshop Participants

All groups expressed that they believed abuse to be prevalent and a significant problem in the community of Hay River. Spousal abuse was widespread, child abuse was also seen as significant and to a lesser extent the elderly. Also discussed was the element of 'mental' abuse in the form of stress and external threats.

All were frustrated by the lack of baseline data and statistics available. Recognizing that the agencies normally associated with crisis may not be being utilized, there would have to be other methods employed to obtain such information.

There was discussion in some groups on the way the abuse issue might be perceived by 2 different cultures and associated values - the Dene and the white. Some felt that as aspects of the abuse issue might be seen differently it might be dealt with differently.

> ALL AGREED THAT ACTION MUST BE UNDERTAKEN AS THIS IS A SOCIAL ISSUE OF SIGNIFICANT PROPORTION.

PROPOSED ACTION

Participants suggested endeavors that encompassed

- o Education and Awareness

Summary Statements Cont'd:

PROPOSED ACTION

Participants suggested activities that encompassed

- o education and awareness
- o Political Lobbying
- o Family Counsellor Availability
- o Data gathering
- o Program Implementation
  - Helpline, trained volunteers,
    Safe or Crisis Shelters

It was agreed that a strong local organization be available to provide dirtection and maintain community support of any programs developed.

IT IS IMPERATIVE THAT SUPPORT SERVICES BE DEVELOPED BEFORE PUBLIC AWARENESS IS UNDERTAKEN. IT WOULD NOT BE USEFUL, AND MIGHT CAUSE MORE DAMAGE TO CREATE HOPE OR ENCOURAGE VICTIMS TO ACT AND THEN HAVE NOTHING TO OFFER.

STEERING COMMITTEE

Tuesday 06,1984

Kathy Carriere
Lou Aylward
Monika Patterson Pfeuffer
Diana Broekaert
Vicki
Tammy
Angie Lantz
Alice Cambridge
Lynda Manderville
Jack Kruger, R.C.M.P.
Barbara O'Neill

WHAT ACTION/OPTION MIGHT BE LOOKED AT !!!

- data gathering / statistics
- public education: school
  - brochures - general meeting
  - emphasis on ' children education program '
  - awareness workshop
- Counselling: Specialized in area (trained)
- Emergency Sheltered (priorty)
  Staff / Secure
- Help line
- Support group
- Special resource group (ie: Sally Ann Salcation, Crisis Centres)
- Policial Lobbying vs Beuracracy
- High profile of issue in Media
- Establish local group to develop dtrategy/ action plan
- self defence group at appropriate times
- Provision for professional family counsellor, preferably external to community
- formation of Hay River Steering Committee in affiliation with S.A.F.A. in Yellowknife
- indentify volunteers for help line (Trained)
- obtaining funding (E.D.A.),for - training
  Social Services - hiring of counsellor

  for a full-time emergency shelter
- establish safe-house volunteers and provide list to hospital, R.C.M.P., and other agencies.
- defining of 'abuse' in relation to children

LONG TERM

- emergency shelter
- options for women

WORKSHOP NOTES

IS THERE A PROBLEM OF ABUSE IN HAY RIVER?

Sexual	Women
Physical	Children
Mental	Elderly

- Abuse of women (physical)
- Abuse of children
- Elderly (mental)

all 3 forms

- Difficult to determine degree.
  general agreement problem exists

- Children - sexual
  - physical

  Women - physical

  Elderly - unknown
  - mental (?)

- all 3: more mental abuse (stress, threats, external) then physical.
  Children: sexual abuse but unknown extent of problem.
-
- unsure of specifics
  general concensus that physical abuse is problem.

- should consider child neglect.

- spousal abuse felt to be wide spread.

TAWOW SOCIETY
Box 701
Ft. Smith, N.W.T.
X0E 0P0
May 3, 1985

RECEIVED
MAY 08 1985

John U. Bayly
Box 2882
Ste. 105, Laurentian Bldg.
Yellowknife, N.W.T.

Dear Mr. Bayly:

Enclosed is a copy of a letter from the Tawow Society to the Office of the Solicitor General of Canada in which some of the findings of our research are outlined, as well as our activities and future initiatives. Please be aware that at this point, this information is confidential. Our research project is not complete..., and this letter could be used to identify certain battered women in the community of Ft. Smith.

We would like to offer our comments on certain sections of the Report on the Task Force on Spousal Assault. In general we feel that you have produced a good report. However, we feel that you should consider revising certain sections in the final report. As researchers and intervenors in the family violence, spousal assault area we have already encountered some of the effects of the Task Force report. Throughout the report you make suggestions that the G.N.W.T. take responsibility for various initiatives to respond to the problems of victims, perpetrators and community groups. However, in very few of these instances does the report specifically state which department of government should take responsibility for each initiative. We have already found that this allows each G.N.W.T. department to pass the buck" when it comes to implementation and particularly when they are approached by community groups, like Tawow and SAFA, for much needed financial assistance.

For example, Tawow has had a standing request for small financial assistance from the Dept. of Social Services in Ft. Smith since Oct. 1984. When we began to press the Dept. in March for this help we were told that all funds for spousal assault initiatives were being channelled through the M.R.S.W. MRSW then referred us backto Social Services, who referred us backto MRSW, back to a higher level of Soc. Services. Eventually we gave up and applied for money from the Secretary of State-the funds were to be used to provide counsellor and victims advocacy training-who told us that they would have to see a financial commitment from the G.N.W.T. before they could give us any more funds. Around and Around we go, and our energy and enthusiasm wanes with each new level of frustration. You must clarify who is to be responsible for each recommendation in the final report. The Legislative Assembly must be advised to form an indterdepartmental steering group with the mandate to see that the recommendations of the Report are implemented within a reasonable length of time. It is not good enough to just channel some money to the MRSW, the field workers in the various departments must receive specific instruction to assist in the implementation of the recommendations.

2...

Even within the G.N.W.T. do we find great resistance to what may be perceived as a threatening issue to traditional role/model oriented individuals. When these individuals are in positions of power and are not specifically directed to assist in these initiatives it becomes extremely difficult to implement any programs in that region.

I would like to comment on some specific recommendations in the Preliminary Report.

3.1.17 -Considering the magnitude of the family violence problem in many communities it could be argued that in some communities control of family members through violent coercion can be considered normative. If community commitment is a prerequisite to setting up and staffing crisis centres what hope do women in these communities have? For example, recently a battered woman was sheltered by her adult education teacher in Ft. Liard. The teacher was subsequently critisized by the cheif of the Liard Band for interfering in family matters and warned that if she persisted in this type of behavior she would be forced to leave the community. If community commitment is measured by political will, what chance do communities like Ft. Liard have to address the needs of victims.

-My experience with women in crisis leads me to question the possibility of involving shelter clients in shelter run businesses. I do not know of any shelter with the human resources to even keep up with the day to day tasks involved-let alone with the resourded to manage a successful business.

3.2.- Please refer to attached letter to Solicitor General of Canada. Counselling and treatment programs for batterers hold the greatest promise for the eradication of this problem. It is the only PROACTIVE initiative that has been suggested or devised. Shelters, jails, childcare institutions etc. are not remedies to the problem. They are essentially bandaid solutions. They do not treat the crime-they try to treat the result.

3.3.1 The London, Ont. social work service reports that when social workers were required to determine if family violence existed in families on intake into the social welfare system for any reason they found that Social Workers were aware of four times the level of spousal assault among their clientell.

*3.6- Please refer to letter to Solicitor General. We consider it to be very important that the R.C.M.P. continue to investigate and lay charges in every instance. If the criminal justice system provides court ordered involvement in treatment programs, it has been found that there is an increased willingness on the part of victims to become involved with the police. Responsibility for laying charges cannot rest with the victim-we know that system does'nt work...it exists now in Ft. Smith and we find that less than ten percent of victims that are so badly beaten that they seek shelter, see cases through to court. It is all too easy for batterers to intimidate spouses who lay charges, when it is the Govt. of Canada laying the charge, and the batterer is aware that it is beyond the control of his spouse, and the couple is supervised to ensure the safety of the victim, there is a better chance for the adress of the problem, particularly when court mandated counselling is available.

Thank you for considering these comments and suggestions. We will be having discussions with our MLA prior to the tabling of your final report and hopefully any discussions in the Assembly in the future will be better informed. It would be very helpfull if before the final report is tabled copies are sent to all involved groups and individuals in the communities, far enough in advance of the reports being tabled for us to input into the discussion through our MLA's.

please excuse the format and typing errors in this. I am a researcher not a Stenographer and I"m afraid that this is a rush job in order for you to receive our suggestions as soon as possible.

Thank you

James Darkes
Coordinator
Tawow Society

RECEIVED FEB 2 6 1985

K. Tompkins and Associates

Specialists in Training and Human Development

TRAINING FOR COUNSELLORS

OF BATTERED WOMEN

SUBMITTED TO TASK FORCE

ON SPOUSAL ASSAULT

January 4, 1985

Box 214, Norman Wells, N.W.T. X0E 0V0, (403) 587-2490/Box 2851, Yellowknife, N.W.T. X1A 2R2, (403) 873-4389

In this submission I will point out the importance of training community volunteers to deliver counselling services to battered women. I will describe what type of training is needed, how it should be delivered, in general terms, and who makes the most effective counsellor. I will describe the experiences of the Norman Wells Support Group and explain why it is important to train volunteers to offer support services to other women in their own communities.

The first point I will make concerns the value of volunteer counsellors. I am speaking as someone who specializes in training lay workers to be counsellors. I have had experience working with both professional counsellors (social workers, psychologists, family counsellors, mental health nurses), and with volunteers. My experience is that in many circumstances, the lay volunteer is in a position to do at least as well and often a much more effective job than the professional.

First of all, I will define the role of the lay counsellor. She or he is usually someone with no formal education, training or job experience related to counselling. Some may come from backgrounds which have some bearing, some connection, to the helping professions: teachers, nurses, child care workers. But these people do not feel that their job skills are directly related to counselling and do not feel prepared to work with adults who are in crisis. Most volunteers are ordinary people who realize that they often encounter friends and neighbours who need support, but do not feel confident in the role of a counsellor. Volunteers are not expected to play the role of a professional, not expected to be experts in crisis intervention, not held accountable for their services. They are expected only to offer support, to help alleviate some of the stress and impact of stressful events, to help the person in trouble to find and make use of her own resources. There are some who would feel uncomfortable using the term "counsellor" to describe such a person, preferring to call her a "listener" or "helper", and reserving the word "counsellor" to refer to someone who has professional training in that field. My experience tells me that possession of a degree does not in itself make one competent, nor should skilled volunteers be excluded from those considered to be effective. The key question to ask is whether or not the person who wishes to offer support to other people in need can demonstrate the skills required to do an effective

job.

There are several reasons why the community volunteer can be more effective than the professional in helping battered women. First of all, the professional does not always have the time to become involved in the lives of battered women in a personal way. Usually restricted to office hours, and always overworked, professionals are often just not available when someone really needs help. This is especially true in small communities where services are limited. The overworked social worker already has her hands full.

Secondly, many people are intimidated by a professional, simply because of his or her professional status. A neighbour, a friend with a sympathetic ear, is usually much more comforting to the woman who is frightened, embarrassed, ashamed, confused. A woman who needs support but is not ready to publicly announce her terrible need will usually confide in a trusted friend long before she will contact a professional. Even services such as SAFA (The Society Against Family Abuse), or the Women's Support Group, is preferable to a professional (someone working for a public agency such as the hospital, a family counsellor, a social worker, nurse, doctor) to many women because the service is much less formal. No records are kept to identify the women. Names are often unimportant. Counselling occurs wherever it is most convenient - in a restaurant, a living room. It is not necessary for the battered woman to experience the possible intimidation of walking into a public social service agency.

Another problem is that many counsellors in the public agencies are not well prepared to deal with family abuse situations. Many Community Social Service workers, for example, have received little or no training before being launched into a very demanding case load. Workers in isolated communities often do not receive enough feedback from more experienced workers to keep track of how well they are performing in their jobs. Many never have the opportunity to learn sufficient specialized skills in a structured fashion, but must rely on unforgiving "cold turkey" experience to increase their skills.

In small communities, and to a certain extent in larger places such as Yellowknife, the greatest amount of real support and help happens over kitchen tables, in living rooms, or on job coffee breaks. Friends and neighbours are generally the fist and often the only contacts a battered woman has.

The second point I want to make is that training for lay volunteers is able to produce very capable helpers.

I will describe an experience to illustrate my point. In the spring of 1984, the newly-appointed Mental Health Co-Ordinator for the Inuvik region, Doreen Busch, visited Norman Wells. She let the Hamlet Council know, through its Health Committee, that funding was available from Federal Health and Welfare to address whatever social problems the community felt were its prime concerns. The Council requested money to train people in the community in basic counselling skills. They were concerned that a broad range of personal problems existed - including drug and alcohol abuse, depression, suicide, loneliness and family abuse. They were aware of the limitations of the one person Social Services Department and felt that ordinary people were already doing the bulk of the counselling that happened in town, but without the benefit of training to give them the skills needed to do that job. I was contacted and have delivered three workshops to date and anticipate being involved in several more.

Graduates of the basic course represented a cross section of the community. Both native and white, men and women, established "pillars of the community", business owners, a Hamlet Council member, "Esso wives", housewives, labourers, a teenager, church leaders, an AA member. All displayed a commitment which is outstanding. Of all the volunteer groups I have ever worked with (and the number is substantial), the Norman Wells Support Group is by far the most committed. I attribute this partly to the fact that the desire for training originated at the community level, from people who live there, in order to meet a community need. The trainer, myself, being a Norman Wells resident at the time, was given better than average credibility. An outsider who was to come into the community and attempt to launch a similar program for the benefit of its residents, based on pre-assumed needs and solutions, would not have generated anywhere near the same commitment or success.

Throughout the workshops, members of the Norman Wells Support Group were able to demonstrate excellent mastery of the skills presented to them. Role playing became real - people dealt with very real, personal problems which their friends were able to respond to in a personal way. While role playing usually does tend to encourage trainees to discuss real problems, they usually hide behind the safety of the assumption that everyone involved is simply playing a role for practice. However, in a community support group, where many of the trainees are already close, role playing practice takes on a real and personal dimension which is astonishing. Trainees' ability to handle the stresses of real-life counselling is enhanced greatly.

There is another factor which contributes to the success of community support groups. Graduates are encouraged to continue to use their newly-learned skills after the training program is over. They are constantly being reminded of their experiences during the course and are often reinforced in practicing their skills by other graduates with whom they have regular contact. This added reinforcement usually does not exist in larger, more anonymous communities.

Training for counsellors of battered women must focus on three areas of learning; the skills required, as well as the knowledge and the attitudes which contribute to the skills. The following list is a brief summary of some of the competencies which a fully trained counsellor of battered women must possess:

The counsellor will be able to do these things:

- describe the limited role of the helper in abuse situations
- list the most important resources available in the community and know how to locate others to refer a woman to
- recognize helpful skills and characteristics in herself and identify where growth is needed
- use some basic listening techniques to help her friends talk about their problem situations
- correctly recognize her friends' feelings
- recognize the characteristics and stages of a crisis in role playing

exercises
- describe the four stages of a counselling contact
- use a problem solving approach to help her friend deal with a difficult situation
- recognize and know how to respond to signs of suicide, serious depression or loneliness in her friends
- recognize the stages in the typical battering cycle in role playing exercises
- briefly describe profiles of the typical batterer and battered woman
- identify four different types of abuse
- recognize the obstacles and difficulties faced by the battered woman
- briefly describe the generational nature of battering
- recognize the family dynamics of spousal abuse
- describe appropriate and inappropriate interventions in a violent situation.

Learning these competencies takes a great deal of time. Trainees should expect to spend at least two full weekends and several additional evenings to start to master these competencies, to a level where they are capable of accepting emergency referrals. This amount of training is really only a bare minimum. In actual fact, a great deal of guided experience is required after formal training before counsellors are <u>really</u> competent.

The ability to effectively deliver training to counsellors of battered women is a relatively rare commodity. Yes, lots of professional counsellors abound, and lots of training specialists and adult educators ply their trade. But very seldom does one person possess both solid professional training as a counsellor <u>and</u> also experience as an adult educator and training specialist. Often the best counsellors do <u>not</u> make the best trainers. Counsellors frequently overlook the fact that the ability to develop and deliver sound training requires a whole set of skills quite apart and separate from their helping skills.

Training of this nature is very expensive. Sometimes a professional with a regular office job will volunteer to take on the task of training, but often finds the demands on her time too pressing. Private contractors who are capable of delivering effective training and who are intimately familiar with the

realities of life in small Northern communities are few. Their per diem rates can vary from $300 to $800. The expense of effective training, however, falls way short of the expense of providing comprehensive care and therapy to families in violent crisis. It is reasonable to expect that money spent on training for community volunteers could reduce the amount of money necessary to treat women and batterers in Yellowknife or in the south.

The need for counsellors for battered women needs little further support. The statistics paint a bleak picture of the extent of the problem in the N.W.T., and the truth probably greatly exceeds what we know about.

I must also at this point stress how important it is that counsellors for men, the abusers, be trained as well. At the moment, batterers are required to go to a southern centre in order to receive therapy which is specifically geared to helping eliminate violent abusive behaviour. The budgets of public social service agencies are already stretched thin and the time requirements for a real commitment to effective therapy often acts as an effective deterrent to men who might successfully complete therapy if it were available somewhat closer to home. Until adequate therapy is available for the abusers in the N.W.T., most support for the battered women will be a bandaid solution at best.

In summary, training lay volunteers can be an effective way to offer support of the battered women in isolated communities. Training is a time-consuming, expensive task requiring the services of highly skilled, professional trainer/ counsellors. Money spent on training for community volunteers can be money well spent. Financial support for agencies such as SAFA and the Norman Wells Support Group is desperately needed. I hope that this task force can address itself to these issues.

Yours truly,

Kate Tompkins

TUUVIK COUNSELLING CENTRE

A STATISTICAL SUMMARY - 1984

FROBISHER BAY, NORTHWEST TERRITORIES

STATISTICAL SUMMARY 1984

Client Profile for November/84

Male	12 new clients	10 repeat clients	Total	22
Female	6	6 " "	Total	12
	18	16 Total client interviews		34

Inuit	16 new	12 repeats	- 28 total
Non Inuit	2 new	4 repeats	6 total
	18	16	34 total client interviews.

Alcohol	13 new	13 repeat	26
Hash	2 new	3 repeat	5
Solvents	2 n	1 repeat	3
	17	17	34 Clients

Family Violence cases - 12 clients.

INTERPRETATION OF STATISTICS

From the above statistics TUVVIK conducted thirty four client interviews. Twenty eight clients were Inuit and six were non Inuit. By far the majority of cases (26) were alcohol related with five clients receiving counselling for problems associated with hash oil, and three young people with solvent abuse problems.

The age range was from twelve to over forty with the largest number of clients being twenty three and thirty yrs. of age.

Although there was a steady number of clients attending the clinic more clients were seen during the last ten days of the month. Territorial Court is seen as having a direct effect on this trend, either by people needing presentence reports or having been referred by the court for counselling.

TUVVIK began to encourage client referrals who's drinking was related to family violence. As a result of this, TUVVIK saw twelve cases involving family violence, three of these cases were members of the families who considered themselves victoms, and nine people were considered the batterer. One assaultant was a female.

Although the statistical tables did not collect information on the nature of the problem, one clear observation by TUVVIK , is the large number of people having problems of blackout. More attention will be paid at recording this phonomina during December.

TUVVIK began to receive referrals from physicians and it is expected that a positive working relationship is being developed with the medical practicioners in Frobisher Bay.

Referrals also were received from the Baffin Correctional Centre, UKKIVIK student residence, the G.N.W.T. employee system, and the court system.

Case conferences became an important part of TUVVIK's service to clients. TUVVIK provided twelve case conferences with other agencies, namely Education, Town Social Services, the Baffin Correctional Centre and one case with the visiting psychiatic team.

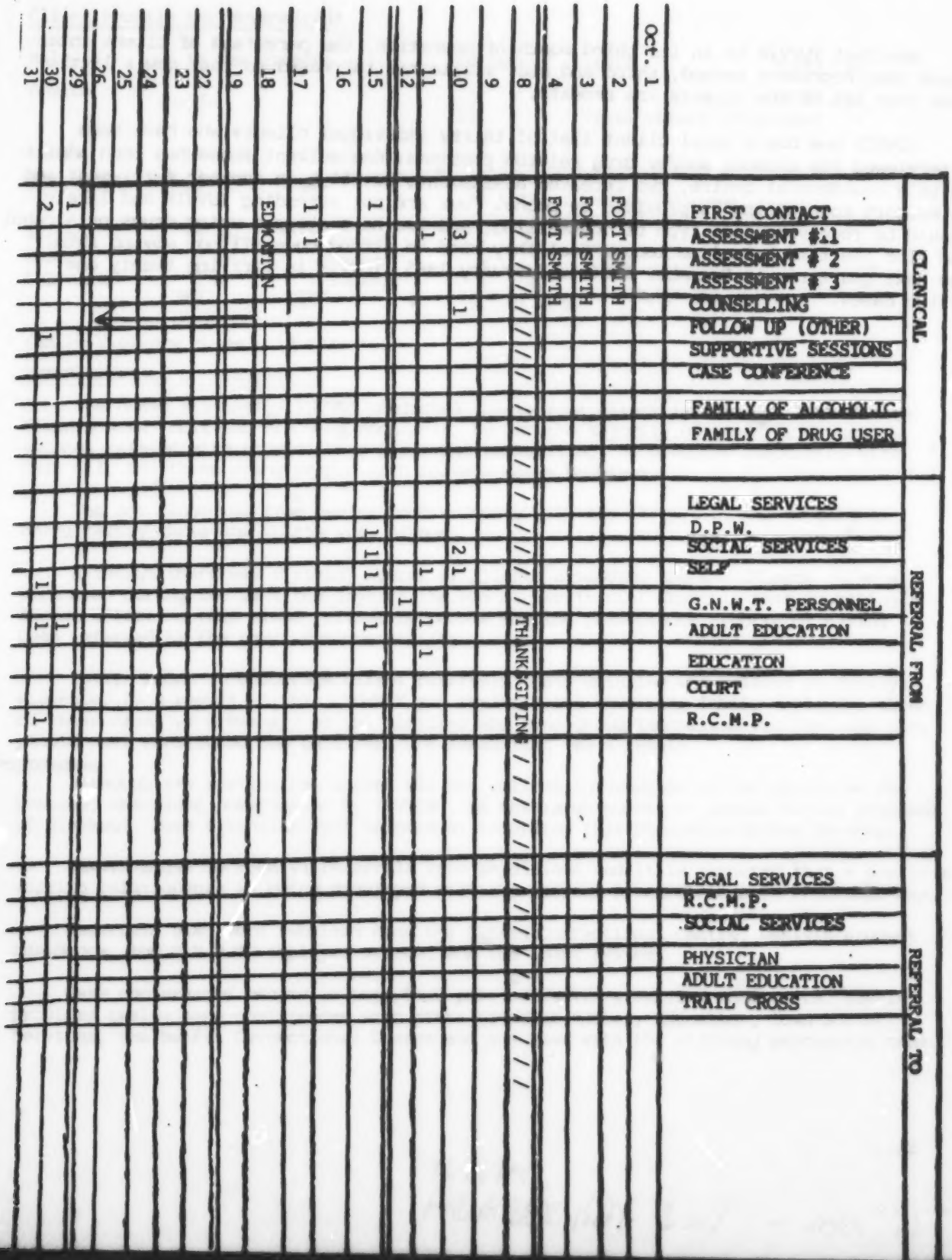
.../2

TUVVIK,
FROBISHER BAY, NWT - JAN. '85

Now that TUVVIK is in its third month of operation, the perentage of client interviews that represent second, third and etc. visits has increased so that now a little less then 50% of the clients are repeats.

TUVVIK now has a total client list of thirty individual clients who have been interviewed for alcohol and/or drug related problems. One solvent abuse has been admitted to a residential centre, two received assessments but live in another settlement and so support counselling is provided by phone. Four are not attending TUVVIK and likely should be receiving some type of counselling, and two have stopped using drugs or alcohol and (for the time being) no longer feel they need to attend counselling. moving into the next quarter - ie December 1984 to February 1985, TUVVIK is carrying twenty one active cases.

SPOUSAL ASSAULT
TASK FORCE REPORT



	MALE 4 (New) 2 (Repeats)	
	FAMALE 2 (New) 1 (Repeat)	
	INUIT 5 (New) 3 (Repeat)	
	NON INUIT 2 (New)	
	ALCOHOL 2 (New) 2 (Repeat)	
	HASH 3 (New) 1 (Repeat)	
	GRASS	
	HASH OIL	
	L.S.D.	
	P.C.P.	
	COCAIN	
	HEROIN	
	BARB.	
	TRANG.	
	UPPERS	
	SOLVENTS 1 (New)	
	TOBACCO	
	CAFFINE	
	FAMILY OF ABOVE 2 (New)	

BATTERER L (New) 1 (Repeat)

	ALC	DRUGS	BOTH	FAMILY
MALE	4 Repeats 1 New	1(Repeat) 2(New)		
FEMALE		2(New)		2 New
TOTAL				

	ALCOHOL	DRUGS	BOTH	FAMILY
INUIT	3(Repeat) 1(New)	1(Repeat) 4(New)		
NON INUIT	1 Repeat			
MIXED MARRIAGE				2 New 3(Repeat)

	UP TO 11	12-15	16-17	18-22	23-30	30-40	
INUIT		1(New)		2 Repeat 2 New		4 Repeat 2 New	1
NON INUIT						1(Repeat)	

TUVVIK
Alcohol and Drug Counselling Centre
P.O. Box 269
Frobisher Bay, N.W.T.
X0A 0H0
979-5539

November 1st, 1984

TUVVIK Monthly Report - October 1984

During the first week of October the Project Director escorted a 14 year old solvent abuser to Trail Cross Childrens' Centre in Ft. Smith. While in Ft Smith, he spent a considerable amount of time learning about the program and gathering materials on structured environment to be brought back to Frobisher Bay for use here in the Eastern Arctic.

On Saturday October 6/84 the Project Director made an informal presentation to the Task Force on Spousal Assault. As a result of this meeting the Project Director is recommending that an emphasis in counselling programming at TUVVIK be placed on gathering experience and information on batterers who assault their spouse while under the influence of alcohol or drugs. A clinical profile will be developed which may be of help in establishing effective counselling strategies and early intervention programs.

Since that time the Project Director has had an opportunity to interview one man who has assaulted his wife, and there have been four additional referrals to be seen in November.

During the week of October 21st to October 27/84. The Project Director attended a special consultation in Edmonton, Alberta on Community Organization and Prevention Programming. National Health and Welfare has developed a Prevention Program Training Manual which will be very helpful in training the Prevention/Education Committee and the Social Action Committee. This training will begin in November.

While enroute to Edmonton the Project Director stopped off for one day in Toronto and spent the day at the Addiction Research Foundation of Ontario gathering information on Solvent Abuse. TUVVIK has now approximately 50 articles on solvent abuse and an agreement with the Addiction Research Foundation to examine clients who we feel may be suffering from neurological damage as a result of sniffing solvents. Also discussed was the possibility of arranging for a special clinical training program for medical practioners on the medical management of people suffering the toxic effects of pshchotropic drugs (including alcohol and solvents).

TUVVIK submitted funding proposals to N.N.A.D.A.P. and to the Economic Development Agreement Fund. The N.N.A.D.A.P. proposal was to continue to fund the present program with the addition of two Inuit counsellors. The E.D.A. proposal was to secure special counsellors to work with the employment systems.

TUVVIK decided to move its offices to the old Legion Bldg. in order to secure proper space for counselling and meetings. The new facility will be available sometime towards the end of November.

2...

Interpretation of Statistics

The statistical summary sheets have to be revised to properly reflect the TUVVIK counselling program. During October the centre began to see clients for the second and third time and the form which was developed in September is not adequate.

The Project Director also feels that new types of clients such as wives or family members of alcohol or drug abusers need to be properly recorded.

A new counselling forms being placed on spousal assault associated with alcohol and drugs and TUVVIK must develop some way of recording this clinical experience so the information can be passed on to other workers in the field.

TUVVIK centre was used more by Inuit clients then non Inuit - (ie eight client sessions to two client sessions). There were three client session with women and six client sessions with men. Two women attended the centre for help with family problems associated with their husbands drinking or drug use. One non Inuit women with an Inuit spouse and one Inuit women with a non Inuit spouse.

During October TUVVIK continued to see clients who had problems with the use of hash and one new client with a solvent abuse problem. This brings to a total of seven, the number of solvent abusers who are known to TUVVIK and have been counselled for solvent abuse.

TUVVIK began a problem for spouse batterers and interviewed one client twice during October and has four referrals to be seen in November. Referrals for spousal assault problems have come from Adult Education, R.C.M.P., and Social Services.

TUVVIK received referrals for work related problems from the G.N.W.T.

There were a number of no-shows - ie people who had appointments but failed to keep them. A follow up has been done on three clients seek in September, but who did not return during October. One has left town one has started a new job and reports that he is not drinking, and the third is very satisfied with his present status and reports he is not using hash.

The Objectives for November will be:

(1) Establish a recording procedure for the spousal assault program.
(2) Develop the committees and board structure.
(3) Move to new facilities and set up the office.
(4) Explore alternative funding for the program to fund special programs.
(5) Continue the counselling service.
(6) Establish a more formal working relationship with the medical services and treatment programs such as the Northern Addiction Program in Yellowknife.